1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

```
                                         POSITIONS
            NAME                TYPE  LENGTH BEG  END                          CONTENTS
   ----------------------------  ----  ------ ---------  -------------------------------------------------

 ****  CARRIER CLAIM RECORD       REC    VAR             CARRIER CLAIM RECORD (OTHER THAN DMERC) FOR VERSION I
                                                         OF THE NCH.

                                                         STANDARD ALIAS: CARR_CLM_REC
                                                         SYSTEM ALIAS: UTLCARRI


 ****  CARRIER CLAIM FIXED GROUP  GROUP  375    1   375  FIXED PORTION OF THE CARRIER CLAIM RECORD FOR
                                                         VERSION I OF THE NCH.

                                                         STANDARD ALIAS: CARR_CLM_FIX_GRP


 ****  CLAIM RECORD IDENTIFICATION GROUP  8    1    8   EFFECTIVE WITH VERSION 'I' THE RECORD
       GROUP                                            LENGTH, VERSION CODE, RECORD IDENTIFICATION,
                                                        CODE AND NCH DERIVED CLAIM TYPE CODE WERE MOVED
                                                        TO THIS GROUP FOR INTERNAL NCH PROCESSING.

                                                        STANDARD ALIAS: CLM_REC_IDENT_GRP


   1. RECORD LENGTH COUNT         PACK    3    1    3   EFFECTIVE WITH VERSION H, THE COUNT (IN BYTES)
                                                        OF THE LENGTH OF THE CLAIM RECORD.

                                                        NOTE:  DURING THE VERSION H CONVERSION THIS FIELD
                                                               WAS POPULATED WITH DATA THROUGHOUT HISTORY
                                                               (BACK TO SERVICE YEAR 1991).

                                                        5 DIGITS SIGNED

                                                        DB2 ALIAS: REC_LNGTH_CNT
                                                        SAS ALIAS: REC_LEN
                                                        STANDARD ALIAS: REC_LNGTH_CNT

                                                        SOURCE:
                                                        NCH

   2. NCH NEAR-LINE RECORD        CHAR    1    4    4   THE CODE INDICATING THE RECORD VERSION OF THE NEARLIN
```

```
     VERSION CODE                                            WHERE THE INSTITUTIONAL, CARRIER OR DMERC CLAIMS DATA
                                                             STORED.

                                                             DB2 ALIAS: NCH_REC_VRSN_CD
                                                             SAS ALIAS: REC_LVL
                                                             STANDARD ALIAS: NCH_NEAR_LINE_REC_VRSN_CD
                                                             TITLE ALIAS: NCH_VERSION

                                                             CODES:
                                                             A = RECORD FORMAT AS OF JANUARY 1991
                                                             B = RECORD FORMAT AS OF APRIL 1991
                                                             C = RECORD FORMAT AS OF MAY 1991
                                                             D = RECORD FORMAT AS OF JANUARY 1992
                                                             E = RECORD FORMAT AS OF MARCH 1992
                                                             F = RECORD FORMAT AS OF MAY 1992
                                                             G = RECORD FORMAT AS OF OCTOBER 1993
                                                             H = RECORD FORMAT AS OF SEPTEMBER 1998
                                                             I = RECORD FORMAT AS OF JULY 2000

                                                             COMMENT:
  1                          CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                            POSITIONS
              NAME                TYPE  LENGTH BEG   END                            CONTENTS
     ---------------------------- ----  ------ ---------  -------------------------------------------------------
                                                             PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                             CLM_NEAR_LINE_REC_VRSN_CD.

                                                             SOURCE:
                                                             NCH

     3. NCH NEAR LINE RECORD      CHAR     1     5     5  A CODE DEFINING THE TYPE OF CLAIM RECORD BEING PROCES
        IDENTIFICATION CODE
                                                             COMMON ALIAS: RIC
                                                             DB2 ALIAS: NEAR_LINE_RIC_CD
                                                             SAS ALIAS: RIC_CD
                                                             STANDARD ALIAS: NCH_NEAR_LINE_RIC_CD
                                                             TITLE ALIAS: RIC

                                                             CODES:
                                                               REFER TO: NCH_NEAR_LINE_RIC_TB
                                                                         IN THE CODES APPENDIX

                                                             COMMENT:
```

                                                    PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                    RIC_CD.

                                                    SOURCE:
                                                    NCH

4. NCH MQA RIC CODE   CHAR   1   6   6   EFFECTIVE WITH VERSION H, THE CODE USED (FOR INTERNAL
                                                    EDITING PURPOSES) TO IDENTIFY THE RECORD BEING PROCES
                                                    THROUGH HCFA'S CWFMQA SYSTEM.

                                                    NOTE: BEGINNING WITH NCH WEEKLY PROCESS DATE 10/3/97
                                                           FIELD WAS POPULATED WITH DATA. CLAIMS PROCESSE
                                                           TO 10/3/97 WILL CONTAIN SPACES IN THIS FIELD.

                                                    DB2 ALIAS: NCH_MQA_RIC_CD
                                                    SAS ALIAS: MQA_RIC
                                                    STANDARD ALIAS: NCH_MQA_RIC_CD
                                                    TITLE ALIAS: MQA_RIC

                                                    CODES:
                                                    1 = INPATIENT
                                                    2 = SNF
                                                    3 = HOSPICE
                                                    4 = OUTPATIENT
                                                    5 = HOME HEALTH AGENCY
                                                    6 = PHYSICIAN/SUPPLIER
                                                    7 = DURABLE MEDICAL EQUIPMENT

                                                    SOURCE:
                                                    NCH QA PROCESS

5. NCH CLAIM TYPE CODE   CHAR   2   7   8   THE CODE USED TO IDENTIFY THE TYPE OF CLAIM RECORD BE
                                                    PROCESSED IN NCH.

                                                    NOTE1: DURING THE VERSION H CONVERSION THIS FIELD WA
                                                            POPULATED WITH DATA THROUGH- OUT HISTORY (BAC
                                                            SERVICE YEAR 1991).
1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                        POSITIONS
          NAME   TYPE   LENGTH BEG END   CONTENTS
---------------------------   ----   ------ --------   ---

                                                    NOTE2: DURING THE VERSION I CONVERSION THIS FIELD WA

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                              EXPANDED TO INCLUDE INPATIENT 'FULL' ENCOUNTE
                              CLAIMS (FOR SERVICE DATES AFTER 6/30/97).
                              PLACEHOLDERS FOR PHYSICIAN AND OUTPATIENT ENC
                              (AVAILABLE IN NMUD) HAVE ALSO BEEN ADDED.

                    DB2 ALIAS: NCH_CLM_TYPE_CD
                    SAS ALIAS: CLM_TYPE
                    STANDARD ALIAS: NCH_CLM_TYPE_CD
                    SYSTEM ALIAS: LTTYPE
                    TITLE ALIAS: CLAIM_TYPE


                    DERIVATION:
                    FFS CLAIM TYPE CODES DERIVED FROM:
                      NCH CLM_NEAR_LINE_RIC_CD
                      NCH PMT_EDIT_RIC_CD
                      NCH CLM_TRANS_CD
                      NCH PRVDR_NUM

                    INPATIENT 'FULL' ENCOUNTER TYPE CODE DERIVED FROM:
                      (PRE-HDC PROCESSING -- AVAILABLE IN NCH)
                      CLM_MCO_PD_SW
                      CLM_RLT_COND_CD
                      MCO_CNTRCT_NUM
                      MCO_OPTN_CD
                      MCO_PRD_EFCTV_DT
                      MCO_PRD_TRMNTN_DT

                    INPATIENT 'FULL' ENCOUNTER TYPE CODE DERIVED FROM:
                      (HDC PROCESSING -- AVAILABLE IN NMUD)
                      FI_NUM

                    INPATIENT 'ABBREVIATED' ENCOUNTER TYPE CODE DERIVED
                    FROM: (HDC PROCESSING -- AVAILABLE IN NMUD)
                      FI_NUM
                      CLM_FAC_TYPE_CD
                      CLM_SRVC_CLSFCTN_TYPE_CD
                      CLM_FREQ_CD
                    NOTE:  FROM 7/1/97 TO THE START OF HDC PROCESSING(?),
                    ABBREVIATED INPATIENT ENCOUNTER CLAIMS ARE NOT
                    AVAILABLE IN NCH OR NMUD.

                    PHYSICIAN 'FULL' ENCOUNTER TYPE CODE DERIVED FROM:
                      (AVAILABLE IN NMUD)
                      CARR_NUM
```

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                                          CLM_DEMO_ID_NUM

                              OUTPATIENT 'FULL' ENCOUNTER TYPE CODE DERIVED FROM:
                                (AVAILABLE IN NMUD)
                                FI_NUM

                              OUTPATIENT 'ABBREVIATED' ENCOUNTER TYPE CODE
                              DERIVED FROM:  (AVAILABLE IN NMUD)
                                FI_NUM
                                CLM_FAC_TYPE_CD
1               CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                      POSITIONS
            NAME                 TYPE  LENGTH BEG  END                          CONTENTS
  ---------------------------- ---- ------ --------  ----------------------------------------------------
                                          CLM_SRVC_CLSFCTN_TYPE_CD
                                          CLM_FREQ_CD

                                          DERIVATION RULES:

                                          SET CLM_TYPE_CD TO 10 (HHA CLAIM) WHERE THE
                                          FOLLOWING CONDITIONS ARE MET:
                                          1.   CLM_NEAR_LINE_RIC_CD EQUAL 'V','W' OR 'U'
                                          2.   PMT_EDIT_RIC_CD EQUAL 'F'
                                          3.   CLM_TRANS_CD EQUAL '5'

                                          SET CLM_TYPE_CD TO 20 (SNF NON-SWING BED CLAIM)
                                          WHERE THE FOLLOWING CONDITIONS ARE MET:
                                          1.   CLM_NEAR_LINE_RIC_CD EQUAL 'V'
                                          2.   PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
                                          3.   CLM_TRANS_CD EQUAL '0' OR '4'
                                          4.   POSITION 3 OF PRVDR_NUM IS NOT 'U', 'W', 'Y'
                                               OR 'Z'

                                          SET CLM_TYPE_CD TO 30 (SNF SWING BED CLAIM)
                                          WHERE THE FOLLOWING CONDITIONS ARE MET:
                                          1.   CLM_NEAR_LINE_RIC_CD EQUAL 'V'
                                          2.   PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
                                          3.   CLM_TRANS_CD EQUAL '0' OR '4'
                                          4.   POSITION 3 OF PRVDR_NUM EQUAL 'U', 'W', 'Y'
                                               OR 'Z'

                                          SET CLM_TYPE_CD TO 40 (OUTPATIENT CLAIM)
                                          WHERE THE FOLLOWING CONDITIONS ARE MET:
```

```
                                        1.    CLM_NEAR_LINE_RIC_CD EQUAL 'W'
                                        2.    PMT_EDIT_RIC_CD EQUAL 'D'
                                        3.    CLM_TRANS_CD EQUAL '6'

                                        SET CLM_TYPE_CD TO 41 (OUTPATIENT 'FULL'
                                        ENCOUNTER CLAIM -- AVAILABLE IN NMUD) WHERE
                                        THE FOLLOWING CONDITIONS ARE MET:
                                        1.    CLM_NEAR_LINE_RIC_CD EQUAL 'W'
                                        2.    PMT_EDIT_RIC_CD EQUAL 'D'
                                        3.    CLM_TRANS_CD EQUAL '6'
                                        4.    FI_NUM = 80881

                                        SET CLM_TYPE_CD TO 42 (OUTPATIENT 'ABBREVIATED'
                                        ENCOUNTER CLAIMS -- AVAILABLE IN NMUD)
                                        1.    FI_NUM = 80881
                                        2.    CLM_FAC_TYPE_CD = '1' OR '8'; CLM_SRVC_
                                              CLSFCTN_TYPE_CD = '2', '3' OR '4' &
                                              CLM_FREQ_CD = 'Z', 'Y' OR 'X'

                                        SET CLM_TYPE_CD TO 50 (HOSPICE CLAIM)
                                        WHERE THE FOLLOWING CONDITIONS ARE MET:
                                        1.    CLM_NEAR_LINE_RIC_CD EQUAL 'V'
                                        2.    PMT_EDIT_RIC_CD EQUAL 'I'
                                        3.    CLM_TRANS_CD EQUAL 'H'

                                        SET CLM_TYPE_CD TO 60 (INPATIENT CLAIM)
                                        WHERE THE FOLLOWING CONDITIONS ARE MET:
  1                    CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                    POSITIONS
          NAME                TYPE  LENGTH BEG  END                              CONTENTS
  ----------------------------  ----  ------ ---------  -------------------------------------------------
                                        1.    CLM_NEAR_LINE_RIC_CD EQUAL 'V'
                                        2.    PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
                                        3.    CLM_TRANS_CD EQUAL '1' '2' OR '3'

                                        SET CLM_TYPE_CD TO 61 (INPATIENT 'FULL' ENCOUNTER
                                        CLAIM - PRIOR TO HDC PROCESSING - AFTER 6/30/97 -
                                        12/4/00) WHERE THE FOLLOWING CONDITIONS ARE MET:
                                        1.    CLM_MCO_PD_SW = '1'
                                        2.    CLM_RLT_COND_CD = '04'
                                        3.    MCO_CNTRCT_NUM
                                              MCO_OPTN_CD = 'C'
                                              CLM_FROM_DT & CLM_THRU_DT ARE WITHIN THE
```

```
              MCO_PRD_EFCTV_DT & MCO_PRD_TRMNTN_DT
              ENROLLMENT PERIODS

SET_CLM_TYPE_CD TO 61 (INPATIENT 'FULL' ENCOUNTER
CLAIM -- EFFECTIVE WITH HDC PROCESSING) WHERE THE
FOLLOWING CONDITIONS ARE MET:
1.   CLM_NEAR_LINE_RIC_CD EQUAL 'V'
2.   PMT_EDIT_RIC_CD EQUAL 'C' OR 'E'
3.   CLM_TRANS_CD EQUAL '1' '2' OR '3'
4.   FI_NUM = 80881

SET CLM_TYPE_CD TO 62 (INPATIENT 'ABBREVIATED'
ENCOUNTER CLAIM -- AVAILABLE IN NMUD) WHERE
THE FOLLOWING CONDITIONS ARE MET:
1.   FI_NUM = 80881 AND
2.   CLM_FAC_TYPE_CD = '1'; CLM_SRVC_CLSFCTN_
     TYPE_CD = '1'; CLM_FREQ_CD = 'Z'

SET CLM_TYPE_CD TO 71 (RIC O NON-DMEPOS CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1.   CLM_NEAR_LINE_RIC_CD EQUAL 'O'
2.   HCPCS_CD NOT ON DMEPOS TABLE

SET CLM_TYPE_CD TO 72 (RIC O DMEPOS CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1.   CLM_NEAR_LINE_RIC_CD EQUAL 'O'
2.   HCPCS_CD ON DMEPOS TABLE (NOTE: IF ONE OR
      MORE LINE ITEM(S) MATCH THE HCPCS ON THE
      DMEPOS TABLE).

SET CLM_TYPE_CD TO 73 (PHYSICIAN ENCOUNTER CLAIM--
EFFECTIVE WITH HDC PROCESSING) WHERE THE FOLLOWING
CONDITIONS ARE MET:
1.   CARR_NUM = 80882 AND
2.   CLM_DEMO_ID_NUM = 38

SET CLM_TYPE_CD TO 81 (RIC M NON-DMEPOS DMERC
   CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
1.   CLM_NEAR_LINE_RIC_CD EQUAL 'M'
2.   HCPCS_CD NOT ON DMEPOS TABLE

SET CLM_TYPE_CD TO 82 (RIC M DMEPOS DMERC CLAIM)
WHERE THE FOLLOWING CONDITIONS ARE MET:
```

```
 1                        CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                            POSITIONS
                  NAME              TYPE  LENGTH BEG  END                          CONTENTS
        ------------------------------ ---- ------ ---------  -------------------------------------------------
                                                           1.    CLM_NEAR_LINE_RIC_CD EQUAL 'M'
                                                           2.    HCPCS_CD ON DMEPOS TABLE (NOTE: IF ONE OR
                                                                   MORE LINE ITEM(S) MATCH THE HCPCS ON THE
                                                                   DMEPOS TABLE).

                                                           CODES:
                                                             REFER TO: NCH_CLM_TYPE_TB
                                                                         IN THE CODES APPENDIX

                                                           SOURCE:
                                                           NCH

    ****  CARRIER/DMERC CLAIM LINK     GROUP   125    9  133  EFFECTIVE WITH VERSION 'I', THIS GROUP
          GROUP                                                WAS ADDED TO THE CARRIER AND DMERC RECORDS
                                                              TO KEEP FIELDS COMMON ACROSS ALL RECORD TYPES
                                                              IN THE SAME POSITION.  DUE TO OP PPS, SEVERAL
                                                              FIELDS ON THE INSTITUTIONAL RECORD HAD TO BE
                                                              MOVED TO A LINK GROUP SO THOSE SAME FIELDS HAD
                                                              TO BE MOVED ON THE CARRIER RECORDS EVENTHOUGH
                                                              OP PPS ONLY AFFECTS INSTITUTIONAL CLAIMS.

                                                              STANDARD ALIAS: CARR_DMERC_CLM_LINK_GRP

    ****  CLAIM LOCATOR NUMBER GROUP    GROUP    11    9   19  THIS NUMBER UNIQUELY IDENTIFIES THE BENEFICIARY IN
                                                              THE NCH NEARLINE.

                                                              COMMON ALIAS: HIC
                                                              STANDARD ALIAS: CLM_LCTR_NUM_GRP
                                                              TITLE ALIAS: HICAN

       6. BENEFICIARY CLAIM ACCOUNT     CHAR     9    9   17  THE NUMBER IDENTIFYING THE PRIMARY BENEFICIARY
          NUMBER                                              UNDER THE SSA OR RRB PROGRAMS SUBMITTED.

                                                              COMMON ALIAS: CAN
                                                              DA3 ALIAS: CLAIM_ACCOUNT_NUMBER
                                                              DB2 ALIAS: BENE_CLM_ACNT_NUM
                                                              SAS ALIAS: CAN
                                                              STANDARD ALIAS: BENE_CLM_ACNT_NUM
                                                              TITLE ALIAS: CAN
```

```
                                                SOURCE:
                                                SSA,RRB

                                                LIMITATIONS:
                                                RRB-ISSUED NUMBERS CONTAIN AN OVERPUNCH IN
                                                THE FIRST POSITION THAT MAY APPEAR AS A PLUS
                                                ZERO OR A-G.   RRB-FORMATTED NUMBERS MAY
                                                CAUSE MATCHING PROBLEMS ON NON-IBM MACHINES.

   7. NCH CATEGORY EQUATABLE        CHAR    2   18   19  THE CODE CATEGORIZING GROUPS OF BICS
      BENEFICIARY IDENTIFICATION                         REPRESENTING SIMILAR RELATIONSHIPS BETWEEN
      CODE                                               THE BENEFICIARY AND THE PRIMARY WAGE EARNER.

                                                THE EQUATABLE BIC MODULE ELECTRONICALLY MATCHES
                                                TWO RECORDS THAT CONTAIN DIFFERENT BICS WHERE
                                                IT IS APPARENT THAT BOTH ARE RECORDS FOR THE
1                         CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                       POSITIONS
            NAME                   TYPE  LENGTH BEG  END                      CONTENTS
   ------------------------------  ----  ------ --------  --------------------------------------------------
                                                SAME BENEFICIARY.  IT VALIDATES THE BIC AND
                                                RETURNS A BASE BIC UNDER WHICH TO HOUSE THE
                                                RECORD IN THE NATIONAL CLAIMS HISTORY (NCH)
                                                DATABASES.  (ALL RECORDS FOR A BENEFICIARY
                                                ARE STORED UNDER A SINGLE BIC.)

                                                COMMON ALIAS: NCH_BASE_CATEGORY_BIC
                                                DB2 ALIAS: CTGRY_EQTBL_BIC
                                                SAS ALIAS: EQ_BIC
                                                STANDARD ALIAS: NCH_CTGRY_EQTBL_BIC_CD
                                                TITLE ALIAS: EQUATED_BIC

                                                CODES:
                                                  REFER TO: CTGRY_EQTBL_BENE_IDENT_TB
                                                            IN THE CODES APPENDIX

                                                COMMENT:
                                                PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                CTGRY_EQTBL_BENE_IDENT_CD.

                                                SOURCE:
                                                BIC EQUATE MODULE
```

```
   8. BENEFICIARY IDENTIFICATION    CHAR      2     20   21  THE CODE IDENTIFYING THE TYPE OF RELATIONSHIP BETWEEN
      CODE                                                   INDIVIDUAL AND A PRIMARY SOCIAL SECURITY ADMINISTRATI
                                                            (SSA) BENEFICIARY OR A PRIMARY RAILROAD BOARD (RRB)
                                                            BENEFICIARY.

                                                            COMMON ALIAS: BIC
                                                            DA3 ALIAS: BENE_IDENT_CODE
                                                            DB2 ALIAS: BENE_IDENT_CD
                                                            SAS ALIAS: BIC
                                                            STANDARD ALIAS: BENE_IDENT_CD
                                                            TITLE ALIAS: BIC

                                                            EDIT-RULES:
                                                            EDB REQUIRED FIELD

                                                            CODES:
                                                              REFER TO: BENE_IDENT_TB
                                                                        IN THE CODES APPENDIX

                                                            SOURCE:
                                                            SSA/RRB

   9. NCH STATE SEGMENT CODE         CHAR      1     22   22  THE CODE IDENTIFYING THE SEGMENT OF THE NCH NEARLINE
                                                            CONTAINING THE BENEFICIARY'S RECORD FOR A SPECIFIC SE
                                                            YEAR.  EFFECTIVE 12/96, SEGMENTATION IS BY CLM_LCTR_N
                                                            THEN FINAL ACTION SEQUENCE WITHIN RESIDENCE STATE.  (
                                                            TO 12/96, SEGMENTATION WAS BY RANGES OF COUNTY CODES
                                                            THE RESIDENCE STATE.)

                                                            DB2 ALIAS: NCH_STATE_SGMT_CD
                                                            SAS ALIAS: ST_SGMT
                                                            STANDARD ALIAS: NCH_STATE_SGMT_CD
                                                            TITLE ALIAS: NEAR_LINE_SEGMENT
1                        CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                                  POSITIONS
             NAME                    TYPE  LENGTH BEG   END                          CONTENTS
      ----------------------------   ----  ------ --------  ----------------------------------------------------


                                                            CODES:
                                                              REFER TO: NCH_STATE_SGMT_TB
                                                                        IN THE CODES APPENDIX
```

```
                                        COMMENT:
                                        PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                        BENE_STATE_SGMT_NEAR_LINE_CD.

                                        SOURCE:
                                        NCH

10. BENEFICIARY RESIDENCE SSA    CHAR    2    23   24  THE SSA STANDARD STATE CODE OF A BENEFICIARY'S RESIDE
    STANDARD STATE CODE
                                        DA3 ALIAS: SSA_STANDARD_STATE_CODE
                                        DB2 ALIAS: BENE_SSA_STATE_CD
                                        SAS ALIAS: STATE_CD
                                        STANDARD ALIAS: BENE_RSDNC_SSA_STD_STATE_CD
                                        TITLE ALIAS: BENE_STATE_CD

                                        EDIT-RULES:
                                        OPTIONAL: MAY BE BLANK

                                        CODES:
                                          REFER TO: GEO_SSA_STATE_TB
                                                    IN THE CODES APPENDIX

                                        COMMENT:
                                        1. USED IN CONJUNCTION WITH A COUNTY CODE, AS
                                           SELECTION CRITERIA FOR THE DETERMINATION OF
                                           PAYMENT RATES FOR HMO REIMBURSEMENT.
                                        2. CONCERNING INDIVIDUALS DIRECTLY BILLABLE FOR
                                           PART B AND/OR PART A PREMIUMS, THIS ELEMENT
                                           IS USED TO DETERMINE IF THE BENEFICIARY
                                           WILL RECEIVE A BILL IN ENGLISH OR SPANISH.
                                        3. ALSO USED FOR SPECIAL STUDIES.

                                        SOURCE:
                                        SSA/EDB

11. CLAIM FROM DATE              NUM     8    25   32  THE FIRST DAY ON THE BILLING STATEMENT
                                        COVERING SERVICES RENDERED TO THE BENE-
                                        FICIARY (A.K.A. 'STATEMENT COVERS FROM DATE').

                                        NOTE:  FOR HOME HEALTH PPS CLAIMS, THE 'FROM'
                                        DATE AND THE 'THRU' DATE ON THE RAP (INITIAL
                                        CLAIM) MUST ALWAYS MATCH.

                                        8 DIGITS UNSIGNED
```

```
                                              DB2 ALIAS: CLM_FROM_DT
                                              SAS ALIAS: FROM_DT
                                              STANDARD ALIAS: CLM_FROM_DT
                                              TITLE ALIAS: FROM_DATE

                                              EDIT-RULES:
    1                    CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                               POSITIONS
               NAME                 TYPE  LENGTH BEG  END                       CONTENTS
       ---------------------------- ----  ------ ---------  -------------------------------------------------
                                                           YYYYMMDD

                                                           SOURCE:
                                                           CWF

       12. CLAIM THROUGH DATE        NUM      8    33   40  THE LAST DAY ON THE BILLING STATEMENT COVERING
                                                           SERVICES RENDERED TO THE BENEFICIARY (A.K.A
                                                           'STATEMENT COVERS THRU DATE').

                                                           NOTE:  FOR HOME HEALTH PPS CLAIMS, THE 'FROM'
                                                           DATE AND THE 'THRU' DATE ON THE RAP (INITIAL
                                                           CLAIM) MUST ALWAYS MATCH.

                                                           8 DIGITS UNSIGNED

                                                           DB2 ALIAS: CLM_THRU_DT
                                                           SAS ALIAS: THRU_DT
                                                           STANDARD ALIAS: CLM_THRU_DT
                                                           TITLE ALIAS: THRU_DATE

                                                           EDIT-RULES:
                                                           YYYYMMDD

                                                           SOURCE:
                                                           CWF

       13. NCH WEEKLY CLAIM PROCESSING  NUM   8    41   48  THE DATE THE WEEKLY NCH DATABASE LOAD
           DATE                                            PROCESS CYCLE BEGINS, DURING WHICH THE CLAIM
                                                           RECORDS ARE LOADED INTO THE NEARLINE FILE.
                                                           THIS DATE WILL ALWAYS BE A FRIDAY, ALTHOUGH
                                                           THE CLAIMS WILL ACTUALLY BE APPENDED TO THE
                                                           DATABASE SUBSEQUENT TO THE DATE.
```

```
                                                       8 DIGITS UNSIGNED

                                                       DB2 ALIAS: NCH_WKLY_PROC_DT
                                                       SAS ALIAS: WKLY_DT
                                                       STANDARD ALIAS: NCH_WKLY_PROC_DT
                                                       TITLE ALIAS: NCH_PROCESS_DT

                                                       EDIT-RULES:
                                                       YYYYMMDD

                                                       COMMENT:
                                                       PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                       HCFA_CLM_PROC_DT.

                                                       SOURCE:
                                                       NCH

    14. CWF CLAIM ACCRETION DATE       NUM      8    49   56   THE DATE THE CLAIM RECORD IS ACCRETED (POSTED/
                                                       PROCESSED) TO THE BENEFICIARY MASTER RECORD
                                                       AT THE CWF HOST SITE AND AUTHORIZATION FOR
                                                       PAYMENT IS RETURNED TO THE FISCAL INTERME-
                                                       DIARY OR CARRIER.

 1                          CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                              POSITIONS
              NAME                    TYPE  LENGTH BEG  END                          CONTENTS
    ------------------------------    ----  ------ ---------  -------------------------------------------------
                                                       8 DIGITS UNSIGNED

                                                       DB2 ALIAS: CWF_CLM_ACRTN_DT
                                                       SAS ALIAS: ACRTN_DT
                                                       STANDARD ALIAS: CWF_CLM_ACRTN_DT
                                                       TITLE ALIAS: ACCRETION_DT

                                                       EDIT-RULES:
                                                       YYYYMMDD

                                                       SOURCE:
                                                       CWF

    15. CWF CLAIM ACCRETION NUMBER     PACK     2    57   58   THE SEQUENCE NUMBER ASSIGNED TO THE CLAIM
                                                       RECORD WHEN ACCRETED (POSTED/PROCESSED) TO
```

THE BENEFICIARY MASTER RECORD AT THE CWF HOST
SITE ON A GIVEN DATE. THIS ELEMENT INDICATES
THE POSITION OF THE CLAIM WITHIN THAT DAY'S
PROCESSING AT THE CWF HOST. **(EXCEPTION: IF
THE CLAIM RECORD IS MISSING THE ACCRETION DATE
HCFA'S CWFMQA SYSTEM PLACES A ZERO IN THE
ACCRETION NUMBER.

3 DIGITS SIGNED

DB2 ALIAS: CWF_CLM_ACRTN_NUM
SAS ALIAS: ACRTN_NM
STANDARD ALIAS: CWF_CLM_ACRTN_NUM
TITLE ALIAS: ACCRETION_NUMBER

SOURCE:
CWF

```
    16.  CARRIER CLAIM CONTROL        CHAR    15    59   73   UNIQUE CONTROL NUMBER ASSIGNED BY A CARRIER
         NUMBER                                               TO A NON-INSTITUTIONAL CLAIM.
```

COMMON ALIAS: CCN
DB2 ALIAS: CARR_CLM_CNTL_NUM
SAS ALIAS: CARRCNTL
STANDARD ALIAS: CARR_CLM_CNTL_NUM
TITLE ALIAS: CCN

EDIT-RULES:
LEFT JUSTIFY

COMMENT:
FOR THE PHYSICIAN/SUPPLIER OR DMERC CLAIM, THIS
FIELD ALLOWS HCFA TO ASSOCIATE EACH LINE ITEM
WITH ITS RESPECTIVE CLAIM.

SOURCE:
CWF

```
    17.  FILLER                       CHAR    38    74  111

    18.  NCH DAILY PROCESS DATE       NUM      8   112  119   EFFECTIVE WITH VERSION H, THE DATE THE CLAIM RECORD W.
1                                CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001
```

                                    POSITIONS

```
        NAME                    TYPE  LENGTH BEG  END                         CONTENTS
---------------------------    ----  ------ ---------  ----------------------------------------------------
                                                           PROCESSED BY HCFA'S CWFMQA SYSTEM (USED FOR INTERNAL
                                                           PURPOSES).

                                                           EFFECTIVE WITH VERSION I, THIS DATE IS USED IN CONJUN
                                                           WITH THE NCH SEGMENT LINK NUMBER TO KEEP CLAIMS WITH
                                                           MULTIPLE RECORDS/ SEGMENTS TOGETHER.

                                                           NOTE1:  WITH VERSION 'H' THIS FIELD WAS POP- ULATED W
                                                                   DATA BEGINNING WITH NCH WEEKLY PROCESS DATE 1
                                                                   UNDER VERSION 'I' CLAIMS PRIOR TO 10/3/97, TH.
                                                                   BLANK UNDER VERSION 'H', WERE POPULATED WITH .

                                                           8 DIGITS UNSIGNED

                                                           DB2 ALIAS: NCH_DAILY_PROC_DT
                                                           SAS ALIAS: DAILY_DT
                                                           STANDARD ALIAS: NCH_DAILY_PROC_DT
                                                           TITLE ALIAS: DAILY_PROCESS_DT

                                                           EDIT-RULES:
                                                           YYYYMMDD

                                                           SOURCE:
                                                           NCH

  19. NCH SEGMENT LINK NUMBER    PACK    5   120  124      EFFECTIVE WITH VERSION 'I', THE SYSTEM GEN-
                                                           ERATED NUMBER USED IN CONJUNCTION WITH THE
                                                           NCH DAILY PROCESS DATE TO KEEP RECORDS/SEGMENTS
                                                           BELONGING TO A SPECIFIC CLAIM TOGETHER.
                                                           THIS FIELD WAS ADDED TO ENSURE THAT RECORDS/
                                                           SEGMENTS THAT COME IN ON THE SAME BATCH WITH
                                                           THE SAME IDENTIFYING INFORMATION IN THE LINK
                                                           GROUP ARE NOT MIXED WITH EACH OTHER.

                                                           NOTE:   DURING THE VERSION I CONVERSION THIS
                                                                   FIELD WAS POPULATED WITH DATA THROUGHOUT
                                                                   HISTORY (BACK TO SERVICE YEAR 1991).

                                                           9 DIGITS SIGNED

                                                           DB2 ALIAS: NCH_SGMT_LINK_NUM
                                                           SAS ALIAS: LINK_NUM
```

```
                                            STANDARD ALIAS: NCH_SGMT_LINK_NUM
                                            TITLE ALIAS: LINK_NUM


                                            SOURCE:
                                            NCH

   20. CLAIM TOTAL SEGMENT COUNT    NUM    2   125  126  EFFECTIVE WITH VERSION I, THE COUNT USED
                                            TO IDENTIFY THE TOTAL NUMBER OF SEGMENTS
                                            ASSOCIATED WITH A GIVEN CLAIM. EACH CLAIM
                                            COULD HAVE UP TO 10 SEGMENTS.


                                            NOTE:  DURING THE VERSION I CONVERSION, THIS
                                                   FIELD WAS POPULATED WITH DATA THROUGHOUT
                                                   HISTORY (BACK TO SERVICE YEAR 1991).
   1                       CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                          POSITIONS
             NAME                 TYPE  LENGTH BEG   END                           CONTENTS
   ----------------------------- ---- ------ --------  -----------------------------------------------------
                                            FOR INSTITUTIONAL CLAIMS, THE COUNT
                                            FOR CLAIMS PRIOR TO 7/00 WILL BE 1 OR 2
                                            (1 IF 45 OR LESS REVENUE CENTER LINES ON A
                                            CLAIM AND 2 IF MORE THAN 45 REVENUE CENTER
                                            LINES ON A CLAIM).  FOR NONINSTITUTIONAL
                                            CLAIMS, THE COUNT WILL ALWAYS BE 1.


                                            2 DIGITS UNSIGNED

                                            DB2 ALIAS: TOT_SGMT_CNT
                                            SAS ALIAS: SGMT_CNT
                                            STANDARD ALIAS: CLM_TOT_SGMT_CNT
                                            TITLE ALIAS: SEGMENT_COUNT


                                            SOURCE:
                                            CWF

   21. CLAIM SEGMENT NUMBER        NUM    2   127  128  EFFECTIVE WITH VERSION I, THE NUMBER USED
                                            TO IDENTIFY AN ACTUAL RECORD/SEGMENT (1 - 10)
                                            ASSOCIATED WITH A GIVEN CLAIM.


                                            NOTE:  DURING THE VERSION I CONVERSION THIS
                                                   FIELD WAS POPULATED WITH DATA THROUGHOUT
                                                   HISTORY (BACK TO SERVICE YEAR 1991).
                                                   FOR INSTITUTIONAL CLAIMS PRIOR TO 7/00,
```

```
                                              THIS NUMBER WILL BE EITHER 1 OR 2.  FOR
                                              NONINSTITUTIONAL CLAIMS, THE NUMBER WILL
                                              ALWAYS BE 1.

                                              2 DIGITS UNSIGNED

                                              DB2 ALIAS: CLM_SGMT_NUM
                                              SAS ALIAS: SGMT_NUM
                                              STANDARD ALIAS: CLM_SGMT_NUM
                                              TITLE ALIAS: SEGMENT_NUMBER

                                              SOURCE:
                                              CWF

    22. CLAIM TOTAL LINE COUNT      NUM     3   129  131  EFFECTIVE WITH VERSION I, THE COUNT USED TO
                                              IDENTIFY THE TOTAL NUMBER OF REVENUE CENTER
                                              LINES ASSOCIATED WITH THE CLAIM.

                                              NOTE:  DURING THE VERSION I CONVERSION THIS
                                                     FIELD WAS POPULATED WITH DATA THROUGHOUT
                                                     HISTORY (BACK TO SERVICE YEAR 1991).
                                                     PRIOR TO VERSION 'I', THE MAXIMUM LINE COUNT
                                                     WILL BE NO MORE THAN 58.  EFFECTIVE WITH VERSI
                                                     'I', THE MAXIMUM LINE COUNT COULD BE 450.

                                              3 DIGITS UNSIGNED

                                              DB2 ALIAS: TOT_LINE_CNT
                                              SAS ALIAS: LINECNT
                                              STANDARD ALIAS: CLM_TOT_LINE_CNT
                                              TITLE ALIAS: TOTAL_LINE_COUNT
  1                        CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                          POSITIONS
            NAME                 TYPE   LENGTH BEG  END                            CONTENTS
    ---------------------------- ----   ------ --------  -------------------------------------------------

                                              SOURCE:
                                              CWF

    23. CLAIM SEGMENT LINE COUNT  NUM     2   132  133  EFFECTIVE WITH VERSION I, THE COUNT USED
                                              TO IDENTIFY THE NUMBER OF REVENUE CENTER
                                              LINES ON A RECORD/SEGMENT.
```

```
                                                      NOTE:  DURING THE VERSION I CONVERSION THIS
                                                             FIELD WAS POPULATED WITH DATA THROUGHOUT
                                                             HISTORY (BACK TO SERVICE YEAR 1991).
                                                             THE MAXIMUM LINE COUNT PER RECORD/SEGMENT
                                                             IS 45.

                                                      2 DIGITS UNSIGNED

                                                      DB2 ALIAS: SGMT_LINE_CNT
                                                      SAS ALIAS: SGMTLINE
                                                      STANDARD ALIAS: CLM_SGMT_LINE_CNT
                                                      TITLE ALIAS: SEGMENT_LINE_COUNT

                                                      SOURCE:
                                                      CWF

    ****   CARRIER/DMERC CLAIM COMMON   GROUP   194  134  327  INFORMATION COMMON TO BOTH CARRIER AND
           1 GROUP                                             DMERC CLAIMS FOR VERSION I OF NCH.

                                                      STANDARD ALIAS: CARR_DMERC_CLM_CMN_1_GRP

      24.  FILLER                       CHAR      5  134  138

      25.  CARRIER CLAIM ENTRY CODE     CHAR      1  139  139  CARRIER-GENERATED CODE DESCRIBING WHETHER THE
                                                               PART B CLAIM IS AN ORIGINAL DEBIT, FULL CREDIT,
                                                               OR REPLACEMENT DEBIT.

                                                      DB2 ALIAS: CARR_CLM_ENTRY_CD
                                                      SAS ALIAS: ENTRY_CD
                                                      STANDARD ALIAS: CARR_CLM_ENTRY_CD
                                                      TITLE ALIAS: ENTRY_CD

                                                      CODES:
                                                      1 = ORIGINAL DEBIT; VOID OF ORIGINAL DEBIT
                                                          (IF CLM_DISP_CD = 3, CODE 1 MEANS
                                                          VOIDED ORIGINAL DEBIT)
                                                      3 = FULL CREDIT
                                                      5 = REPLACEMENT DEBIT
                                                      9 = ACCRETE BILL HISTORY ONLY (INTERNAL;
                                                          EFFECTIVE 2/22/91)

                                                      COMMENT:
                                                      PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                      CWFB_CLM_ENTRY_CD.
```

```
                                             SOURCE:
                                             CWF


1                      CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                          POSITIONS
            NAME                 TYPE  LENGTH BEG  END                        CONTENTS
   ----------------------------  ----  ------ ---------  -------------------------------------------------------
    26. FILLER                   CHAR      1  140  140

    27. CLAIM DISPOSITION CODE   CHAR      2  141  142  CODE INDICATING THE DISPOSITION OR OUTCOME OF THE PRO
                                                        OF THE CLAIM RECORD.

                                                        DB2 ALIAS: CLM_DISP_CD
                                                        SAS ALIAS: DISP_CD
                                                        STANDARD ALIAS: CLM_DISP_CD
                                                        TITLE ALIAS: DISPOSITION_CD

                                                        CODES:
                                                          REFER TO: CLM_DISP_TB
                                                                    IN THE CODES APPENDIX

                                                        SOURCE:
                                                        CWF

    28. NCH EDIT DISPOSITION CODE  CHAR    2  143  144  EFFECTIVE WITH VERSION H, A CODE USED (FOR INTERNAL E
                                                        PURPOSES) TO INDICATE THE DISPOSITION OF THE CLAIM AF
                                                        EDITING IN THE CWFMQA PROCESS.

                                                        NOTE:  BEGINNING WITH NCH WEEKLY PROCESS DATE 10/3/97
                                                               FIELD WAS POPULATED WITH DATA. CLAIMS PROCESSE
                                                               TO 10/3/97 WILL CONTAIN SPACES IN THIS FIELD.

                                                        DB2 ALIAS: NCH_EDIT_DISP_CD
                                                        SAS ALIAS: EDITDISP
                                                        STANDARD ALIAS: NCH_EDIT_DISP_CD
                                                        TITLE ALIAS: NCH_EDIT_DISP

                                                        CODES:
                                                        00 = NO MQA ERRORS
                                                        10 = POSSIBLE DUPLICATE
                                                        20 = UTILIZATION ERROR
                                                        30 = CONSISTENCY ERROR
```

```
                                        40 = ENTITLEMENT ERROR
                                        50 = IDENTIFICATION ERROR
                                        60 = LOGICAL DUPLICATE
                                        70 = SYSTEMS DUPLICATE

                                        SOURCE:
                                        NCH QA PROCESS

  29. NCH CLAIM BIC MODIFY H CODE  CHAR    1  145  145  EFFECTIVE WITH VERSION H, THE CODE USED (FOR INTERNAL
                                                        EDITING PURPOSES) TO IDENTIFY A CLAIM RECORD THAT WAS
                                                        SUBMITTED WITH AN INCORRECT HA, HB, OR HC BIC.

                                                        NOTE:  BEGINNING WITH NCH WEEKLY PROCESS DATE 10/3/97
                                                               FIELD WAS POPULATED WITH DATA.   CLAIMS PROCES
                                                               PRIOR TO 10/3/97 WILL CONTAIN SPACES IN THIS F

                                                        DB2 ALIAS: NCH_BIC_MDFY_CD
                                                        SAS ALIAS: BIC_MDFY
                                                        STANDARD ALIAS: NCH_CLM_BIC_MDFY_CD
                                                        TITLE ALIAS: BIC_MODIFY_CD
```

1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

```
                                              POSITIONS
              NAME                TYPE  LENGTH BEG   END                           CONTENTS
   ----------------------------   ----  ------ --------   -------------------------------------------------------
                                                        CODES:
                                                        H = BIC SUBMITTED BY CWF = HA, HB OR HC
                                                        BLANK = NO HA, HB OR HC BIC PRESENT

                                                        SOURCE:
                                                        NCH QA PROCESS

  30. BENEFICIARY RESIDENCE SSA   CHAR    3  146  148  THE SSA STANDARD COUNTY CODE OF A BENEFICIARY'S RESID
      STANDARD COUNTY CODE
                                                        DA3 ALIAS: SSA_STANDARD_COUNTY_CODE
                                                        DB2 ALIAS: BENE_SSA_CNTY_CD
                                                        SAS ALIAS: CNTY_CD
                                                        STANDARD ALIAS: BENE_RSDNC_SSA_STD_CNTY_CD
                                                        TITLE ALIAS: BENE_COUNTY_CD

                                                        EDIT-RULES:
                                                        OPTIONAL: MAY BE BLANK
```

```
                                                   SOURCE:
                                                   SSA/EDB

    31. CARRIER CLAIM RECEIPT DATE    NUM      8   149  156   THE DATE THE CARRIER RECEIVES THE NON-
                                                             INSTITUTIONAL CLAIM.

                                                   8 DIGITS UNSIGNED

                                                   DB2 ALIAS: CARR_CLM_RCPT_DT
                                                   SAS ALIAS: RCPT_DT
                                                   STANDARD ALIAS: CARR_CLM_RCPT_DT
                                                   TITLE ALIAS: RECEIPT_DT

                                                   EDIT-RULES:
                                                   YYYYMMDD

                                                   COMMENT:
                                                   PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                   FICARR_CLM_RCPT_DT.

                                                   SOURCE:
                                                   CWF

    32. CARRIER CLAIM SCHEDULED       NUM      8   157  164   THE SCHEDULED DATE OF PAYMENT TO THE PHYSICIAN
        PAYMENT DATE                                         OR SUPPLIER, AS APPEARING ON THE ORIGINAL NON-
                                                             INSTITUTIONAL CLAIM SENT TO THE CWF HOST.
                                                             **NOTE:  THIS DATE IS CONSIDERED TO BE THE
                                                             DATE PAID SINCE NO ADDITIONAL INFORMATION AS
                                                             TO THE ACTUAL PAYMENT DATE IS AVAILABLE.

                                                   8 DIGITS UNSIGNED

                                                   DB2 ALIAS: CARR_SCHLD_PMT_DT
                                                   SAS ALIAS: SCHLD_DT
                                                   STANDARD ALIAS: CARR_CLM_SCHLD_PMT_DT
                                                   TITLE ALIAS: SCHLD_PMT_DT

                                                   EDIT-RULES:
1                        CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                          POSITIONS
            NAME                    TYPE  LENGTH BEG  END                        CONTENTS
    ------------------------------  ----  ------ --------  -------------------------------------------------
                                                   YYYYMMDD
```

```
                                           COMMENT:
                                           PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                           FICARR_CLM_PMT_DT.

                                           SOURCE:
                                           CWF

  33. CWF FORWARDED DATE          NUM    8  165  172  EFFECTIVE WITH VERSION H, THE DATE CWF FORWARDED THE
                                           RECORD TO HCFA (USED FOR INTERNAL EDITING PURPOSES).

                                           NOTE:  BEGINNING WITH NCH WEEKLY PROCESS DATE 10/3/97
                                                  FIELD WAS POPULATED WITH DATA.  CLAIMS PROCESS
                                                  PRIOR TO 10/3/97 WILL CONTAIN ZEROES IN THIS F

                                           8 DIGITS UNSIGNED

                                           DB2 ALIAS: CWF_FRWRD_DT
                                           SAS ALIAS: FRWRD_DT
                                           STANDARD ALIAS: CWF_FRWRD_DT
                                           TITLE ALIAS: FORWARD_DT

                                           EDIT-RULES:
                                           YYYYMMDD

                                           SOURCE:
                                           CWF

  34. CARRIER NUMBER              CHAR   5  173  177  THE IDENTIFICATION NUMBER ASSIGNED BY HCFA TO A
                                           CARRIER AUTHORIZED TO PROCESS CLAIMS FROM A
                                           PHYSICIAN OR SUPPLIER.

                                           DB2 ALIAS: CARR_NUM
                                           SAS ALIAS: CARR_NUM
                                           STANDARD ALIAS: CARR_NUM
                                           SYSTEM ALIAS: LTCARR
                                           TITLE ALIAS: CARRIER

                                           CODES:
                                             REFER TO: CARR_NUM_TB
                                                       IN THE CODES APPENDIX

                                           COMMENT:
                                           PRIOR TO VERSION H THIS FIELD WAS NAMED:
```

```
                                                         FICARR_IDENT_NUM.

                                                         SOURCE:
                                                         CWF

    35.  FILLER                          CHAR      8   178  185

    36.  CWF TRANSMISSION BATCH          CHAR      4   186  189  EFFECTIVE WITH VERSION H, THE NUMBER ASSIGNED
         NUMBER                                                  TO EACH BATCH OF CLAIMS TRANSACTIONS SENT FROM
                                                                 CWF(USED FOR INTERNAL EDITING PURPOSES).
```

1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

```
                                                  POSITIONS
            NAME                    TYPE  LENGTH BEG   END                          CONTENTS
    ----------------------------    ----  ------ ---------  -------------------------------------------------
                                                         NOTE:  BEGINNING 11/98, THIS FIELD WILL BE
                                                                POPULATED WITH DATA.  CLAIMS PROCESSED
                                                                PRIOR TO 11/98 WILL CONTAIN SPACES IN
                                                                THIS FIELD.

                                                         DB2 ALIAS: TRNSMSN_BATCH_NUM
                                                         SAS ALIAS: FIBATCH
                                                         STANDARD ALIAS: CWF_TRNSMSN_BATCH_NUM
                                                         TITLE ALIAS: BATCH_NUM

                                                         SOURCE:
                                                         CWF

    37.  BENEFICIARY MAILING CONTACT  CHAR    9   190  198  THE ZIP CODE OF THE MAILING ADDRESS WHERE THE
         ZIP CODE                                             BENEFICIARY MAY BE CONTACTED.

                                                         DB2 ALIAS: BENE_MLG_ZIP_CD
                                                         SAS ALIAS: BENE_ZIP
                                                         STANDARD ALIAS: BENE_MLG_CNTCT_ZIP_CD
                                                         TITLE ALIAS: BENE_ZIP

                                                         SOURCE:
                                                         EDB

    38.  BENEFICIARY SEX              CHAR     1   199  199  THE SEX OF A BENEFICIARY.
         IDENTIFICATION CODE
                                                         COMMON ALIAS: SEX_CD
                                                         DA3 ALIAS: SEX_CODE
```

```
                                              DB2 ALIAS: BENE_SEX_IDENT_CD
                                              SAS ALIAS: SEX
                                              STANDARD ALIAS: BENE_SEX_IDENT_CD
                                              SYSTEM ALIAS: LTSEX
                                              TITLE ALIAS: SEX_CD

                                              EDIT-RULES:
                                              REQUIRED FIELD

                                              CODES:
                                              1 = MALE
                                              2 = FEMALE
                                              0 = UNKNOWN

                                              SOURCE:
                                              SSA,RRB,EDB

    39. BENEFICIARY RACE CODE          CHAR     1   200  200   THE RACE OF A BENEFICIARY.

                                              DA3 ALIAS: RACE_CODE
                                              DB2 ALIAS: BENE_RACE_CD
                                              SAS ALIAS: RACE
                                              STANDARD ALIAS: BENE_RACE_CD
                                              SYSTEM ALIAS: LTRACE
                                              TITLE ALIAS: RACE_CD

                                              CODES:
                                              0 = UNKNOWN
  1                     CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                     POSITIONS
          NAME                   TYPE  LENGTH BEG  END                           CONTENTS
   ---------------------------- ---- ------ -------- --------------------------------------------------
                                              1 = WHITE
                                              2 = BLACK
                                              3 = OTHER
                                              4 = ASIAN
                                              5 = HISPANIC
                                              6 = NORTH AMERICAN NATIVE

                                              SOURCE:
                                              SSA

    40. BENEFICIARY BIRTH DATE         NUM      8   201  208   THE BENEFICIARY'S DATE OF BIRTH.
```

```
                                        8 DIGITS UNSIGNED

                                        DB2 ALIAS: BENE_BIRTH_DT
                                        SAS ALIAS: BENE_DOB
                                        STANDARD ALIAS: BENE_BIRTH_DT
                                        TITLE ALIAS: BENE_BIRTH_DATE

                                        EDIT-RULES:
                                        YYYYMMDD

                                        SOURCE:
                                        CWF
```

41. CWF BENEFICIARY MEDICARE   CHAR   2   209 210   THE CWF-DERIVED REASON FOR A BENEFICIARY'S
    STATUS CODE   ENTITLEMENT TO MEDICARE BENEFITS, AS OF THE
                                                         REFERENCE DATE (CLM_THRU_DT).

```
                                        COBOL ALIAS: MSC
                                        COMMON ALIAS: MSC
                                        DB2 ALIAS: BENE_MDCR_STUS_CD
                                        SAS ALIAS: MS_CD
                                        STANDARD ALIAS: CWF_BENE_MDCR_STUS_CD
                                        SYSTEM ALIAS: LTMSC
                                        TITLE ALIAS: MSC

                                        DERIVATION:
                                        CWF DERIVES MSC FROM THE FOLLOWING:
                                           1.   DATE OF BIRTH
                                           2.   CLAIM THROUGH DATE
                                           3.   ORIGINAL/CURRENT REASONS FOR ENTITLEMENT
                                           4.   ESRD INDICATOR
                                           5.   BENEFICIARY CLAIM NUMBER
                                        ITEMS 1,3,4,5 COME FROM THE CWF BENEFICIARY
                                        MASTER RECORD; ITEM 2 COMES FROM THE FI/CARRIER
                                        CLAIM RECORD.  MSC IS ASSIGNED AS FOLLOWS:
```

MSC	OASI	DIB	ESRD	AGE	BIC
10	YES	N/A	NO	65 AND OVER	N/A
11	YES	N/A	YES	65 AND OVER	N/A
20	NO	YES	NO	UNDER 65	N/A
21	NO	YES	YES	UNDER 65	N/A
31	NO	NO	YES	ANY AGE	T.

```
 1                        CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                               POSITIONS
                NAME                 TYPE  LENGTH BEG  END                                 CONTENTS
     ----------------------------    ----  ------ --------  ------------------------------------------------
                                                            CODES:
                                                            10 = AGED WITHOUT ESRD
                                                            11 = AGED WITH ESRD
                                                            20 = DISABLED WITHOUT ESRD
                                                            21 = DISABLED WITH ESRD
                                                            31 = ESRD ONLY

                                                            COMMENT:
                                                            PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                            BENE_MDCR_STUS_CD.  THE NAME HAS BEEN CHANGED
                                                            TO DISTINGUISH THIS CWF-DERIVED FIELD FROM THE
                                                            EDB-DERIVED MSC (BENE_MDCR_STUS_CD).

                                                            SOURCE:
                                                            CWF

     42. CLAIM PATIENT 6 POSITION    CHAR     6   211  216  THE FIRST 6 POSITIONS OF THE MEDICARE PATIENT'S
         SURNAME                                            SURNAME (LAST NAME) AS REPORTED BY THE PROVIDER
                                                            ON THE CLAIM.

                                                            NOTE1: PRIOR TO VERSION H, THIS FIELD WAS ONLY
                                                                   PRESENT ON THE IP/SNF CLAIM RECORD.
                                                                   EFFECTIVE WITH VERSION H, THIS FIELD IS
                                                                   PRESENT ON ALL CLAIM TYPES.

                                                            NOTE2: FOR OP, HHA, HOSPICE AND ALL CARRIER
                                                                   CLAIMS, DATA WAS POPULATED BEGINNING
                                                                   WITH NCH WEEKLY PROCESS 10/3/97.  CLAIMS
                                                                   PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                                   SPACES IN THIS FIELD.

                                                            COMMON ALIAS: PATIENT_SURNAME
                                                            DB2 ALIAS: PTNT_6_PSTN_SRNM
                                                            SAS ALIAS: SURNAME
                                                            STANDARD ALIAS: CLM_PTNT_6_PSTN_SRNM_NAME
                                                            TITLE ALIAS: PATIENT_SURNAME

                                                            SOURCE:
```

```
                                                      CWF

   43. CLAIM PATIENT 1ST INITIAL    CHAR    1   217  217  THE FIRST INITIAL OF THE MEDICARE PATIENT'S
       GIVEN NAME                                         GIVEN NAME (FIRST NAME) AS REPORTED BY THE
                                                          PROVIDER ON THE CLAIM.

                                                          NOTE1: PRIOR TO VERSION H, THIS FIELD WAS ONLY
                                                                 PRESENT ON THE IP/SNF CLAIM RECORD.
                                                                 EFFECTIVE WITH VERSION H, THIS FIELD
                                                                 IS PRESENT ON ALL CLAIM TYPES.

                                                          NOTE2: FOR OP, HHA, HOSPICE AND ALL CARRIER CLAIMS,
                                                                 DATA WAS POPULATED BEGINNING WITH NCH
                                                                 WEEKLY PROCESS DATE 10/3/97.  CLAIMS
                                                                 PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                                 SPACES IN THIS FIELD.

                                                          COMMON ALIAS: PATIENT_GIVEN_NAME
   1                        CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                                  POSITIONS
               NAME                   TYPE  LENGTH BEG  END                      CONTENTS
       ---------------------------- ---- ------ --------- -------------------------------------------------
                                                          DB2 ALIAS: 1ST_INITL_GVN_NAME
                                                          SAS ALIAS: FRSTINIT
                                                          STANDARD ALIAS: CLM_PTNT_1ST_INITL_GVN_NAME
                                                          TITLE ALIAS: PATIENT_FIRST_INITIAL

                                                          SOURCE:
                                                          CWF

   44. CLAIM PATIENT FIRST INITIAL  CHAR    1   218  218  THE FIRST INITIAL OF THE MEDICARE PATIENT'S
       MIDDLE NAME                                         MIDDLE NAME AS REPORTED BY THE PROVIDER ON
                                                           THE CLAIM.

                                                          NOTE1:  PRIOR TO VERSION H, THIS FIELD WAS ONLY
                                                                  PRESENT ON THE IP/SNF CLAIM RECORD.
                                                                  EFFECTIVE WITH VERSION H, THIS FIELD IS
                                                                  PRESENT ON ALL CLAIM TYPES.

                                                          NOTE2:  FOR OP, HHA, HOSPICE AND ALL CARRIER CLAIMS,
                                                                  DATA WAS POPULATED BEGINNING WITH NCH
                                                                  WEEKLY PROCESS DATE 10/3/97.   CLAIMS PRO-
                                                                  CESSED PRIOR TO 10/3/97 WILL CONTAIN
```

                                               SPACES IN THIS FIELD.

                                      COMMON ALIAS: PATIENT_MIDDLE_NAME
                                      DB2 ALIAS: 1ST_INITL_MDL_NAME
                                      SAS ALIAS: MDL_INIT
                                      STANDARD ALIAS: CLM_PTNT_1ST_INITL_MDL_NAME
                                      TITLE ALIAS: PATIENT_MIDDLE_INITIAL

                                      SOURCE:
                                      CWF

45. BENEFICIARY CWF LOCATION   CHAR   1   219 219   THE CODE THAT IDENTIFIES THE COMMON WORKING FILE
    CODE   (CWF) LOCATION (THE HOST SITE) WHERE A BENEFICIARY'S
                                                         MEDICARE UTILIZATION RECORDS ARE MAINTAINED.

                                      COMMON ALIAS: CWF_HOST
                                      DB2 ALIAS: BENE_CWF_LOC_CD
                                      SAS ALIAS: CWFLOCCD
                                      STANDARD ALIAS: BENE_CWF_LOC_CD
                                      SYSTEM ALIAS: LTCWFLOC
                                      TITLE ALIAS: CWF_HOST

                                      CODES:
                                      B = MID-ATLANTIC
                                      C = SOUTHWEST
                                      D = NORTHEAST
                                      E = GREAT LAKES
                                      F = GREAT WESTERN
                                      G = KEYSTONE
                                      H = SOUTHEAST
                                      I = SOUTH
                                      J = PACIFIC

                                      SOURCE:
                                      CWF

1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                          POSITIONS
            NAME   TYPE LENGTH BEG   END   CONTENTS
    --------------------------   ---- ------ --------   --

46. CLAIM PRINCIPAL DIAGNOSIS   CHAR   5   220 224   THE ICD-9-CM DIAGNOSIS CODE IDENTIFYING THE DIAGNOSIS
    CODE   CONDITION, PROBLEM OR OTHER REASON FOR THE
                                                         ADMISSION/ENCOUNTER/VISIT SHOWN IN THE MEDICAL RECORD

CHIEFLY RESPONSIBLE FOR THE SERVICES PROVIDED.

NOTE: EFFECTIVE WITH VERSION H, THIS DATA IS ALSO
REDUNDANTLY STORED AS THE FIRST OCCURRENCE OF THE DIA
TRAILER.

DB2 ALIAS: PRNCPAL_DGNS_CD
SAS ALIAS: PDGNS_CD
STANDARD ALIAS: CLM_PRNCPAL_DGNS_CD
TITLE ALIAS: PRINCIPAL_DIAGNOSIS

EDIT-RULES:
ICD-9-CM

SOURCE:
CWF

```
47.  FILLER                        CHAR    1   225  225
```

```
48.  CARRIER CLAIM PAYMENT         CHAR    1   226  226   THE CODE ON A NONINSTITUTIONAL CLAIM INDICATING TO
     DENIAL CODE                                          WHOM PAYMENT WAS MADE OR IF THE CLAIM WAS DENIED.
```

DB2 ALIAS: CARR_PMT_DNL_CD
SAS ALIAS: PMTDNLCD
STANDARD ALIAS: CARR_CLM_PMT_DNL_CD
TITLE ALIAS: PMT_DENIAL_CD

CODES:
   REFER TO: CARR_CLM_PMT_DNL_TB
               IN THE CODES APPENDIX

COMMENT:
PRIOR TO VERSION H THIS FIELD WAS NAMED:
CWFB_CLM_PMT_DNL_CD.

SOURCE:
CWF

```
49.  CLAIM EXCEPTED/NONEXCEPTED    CHAR    1   227  227   EFFECTIVE WITH VERSION I, THE CODE USED TO IDENTIFY
     MEDICAL TREATMENT CODE                               WHETHER OR NOT THE MEDICAL CARE OR TREATMENT RECEIVED
                                                          BY A BENEFICIARY, WHO HAS ELECTED CARE FROM A
                                                          RELIGIOUS NONMEDICAL HEALTH CARE INSTITUTION (RNHCI),
                                                          IS EXCEPTED OR NONEXCEPTED.  EXCEPTED IS MEDICAL CARE
                                                          OR TREATMENT THAT IS RECEIVED INVOLUNTARILY OR IS RE-
```

QUIRED UNDER FEDERAL, STATE OR LOCAL LAW. NONEXCEPTED
DEFINED AS MEDICAL CARE OR TREATMENT OTHER THAN EXCEP

DB2 ALIAS: EXCPTD_NEXCPTD_CD
SAS ALIAS: TRTMT_CD
STANDARD ALIAS: CLM_EXCPTD_NEXCPTD_TRTMT_CD
TITLE ALIAS: EXCPTD_NEXCPTD_CD

1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

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                                          POSITIONS
             NAME                 TYPE  LENGTH BEG   END                       CONTENTS
    ----------------------------  ----  ------ ---------  -------------------------------------------------------
                                                          CODES:
                                                          0 = NO ENTRY
                                                          1 = EXCEPTED
                                                          2 = NONEXCEPTED

                                                          SOURCE:
                                                          CWF

    50. CLAIM PAYMENT AMOUNT       PACK     6   228   233  AMOUNT OF PAYMENT MADE FROM THE MEDICARE TRUST FUND F
                                                          SERVICES COVERED BY THE CLAIM RECORD.  GENERALLY, THE
                                                          IS CALCULATED BY THE FI OR CARRIER; AND REPRESENTS WH
                                                          PAID TO THE INSTITUTIONAL PROVIDER, PHYSICIAN, OR SUP
                                                          WITH THE EXCEPTIONS NOTED BELOW.  **NOTE:  IN SOME
                                                          SITUATIONS, A NEGATIVE CLAIM PAYMENT AMOUNT MAY BE PR
                                                          SENT; E.G., (1) WHEN A BENEFICIARY IS CHARGED THE FUL
                                                          DEDUCTIBLE DURING A SHORT STAY AND THE DEDUCTIBLE EXC
                                                          THE AMOUNT MEDICARE PAYS; OR (2) WHEN A BENEFICIARY I
                                                          CHARGED A COINSURANCE AMOUNT DURING A LONG STAY AND T
                                                          COINSURANCE AMOUNT EXCEEDS THE AMOUNT MEDICARE PAYS (
                                                          PREVALENT SITUATION INVOLVES PSYCH HOSPITALS WHO ARE
                                                          DAILY PER DIEM RATE NO MATTER WHAT THE CHARGES ARE.)

                                                          UNDER IP PPS, INPATIENT HOSPITAL SERVICES ARE PAID BA
                                                          A PREDETERMINED RATE PER DISCHARGE, USING THE DRG PAT
                                                          CLASSIFICATION SYSTEM AND THE PRICER PROGRAM.   ON TH
                                                          PPS CLAIM, THE PAYMENT AMOUNT INCLUDES THE DRG OUTLIE
                                                          APPROVED PAYMENT AMOUNT, DISPROPORTIONATE SHARE (SINC
                                                          5/1/86), INDIRECT MEDICAL EDUCATION (SINCE 10/1/88),
                                                          PPS CAPITAL (SINCE 10/1/91).  IT DOES NOT INCLUDE THE
                                                          THRU AMOUNTS (I.E., CAPITAL-RELATED COSTS, DIRECT MED
                                                          EDUCATION COSTS, KIDNEY ACQUISITION COSTS, BAD DEBTS)
```

ANY BENEFICIARY-PAID AMOUNTS (I.E., DEDUCTIBLES AND
COINSURANCE); OR ANY OTHER PAYER REIMBURSEMENT.

UNDER SNF PPS, SNFS WILL CLASSIFY BENEFICIARIES USING
PATIENT CLASSIFICATION SYSTEM KNOWN AS RUGS III. FOR
SNF PPS CLAIM, THE SNF PRICER WILL CALCULATE/RETURN T
FOR EACH REVENUE CENTER LINE ITEM WITH REVENUE CENTER
'0022'; MULTIPLY THE RATE TIMES THE UNITS COUNT; AND
SUM THE AMOUNT PAYABLE FOR ALL LINES WITH REVENUE CEN
CODE '0022' TO DETERMINE THE TOTAL CLAIM PAYMENT AMOU

UNDER OUTPATIENT PPS, THE NATIONAL AMBULATORY PAYMENT
CLASSIFICATION (APC) RATE THAT IS CALCULATED FOR EACH
GROUP IS THE BASIS FOR DETERMINING THE TOTAL PAYMENT.
MEDICARE PAYMENT AMOUNT TAKES INTO ACCOUNT THE WAGE I
ADJUSTMENT AND THE BENEFICIARY DEDUCTIBLE AND COINSUR
AMOUNTS. NOTE: THERE IS NO CWF EDIT CHECK TO VALIDAT
THE REVENUE CENTER MEDICARE PAYMENT AMOUNT EQUALS THE
LEVEL MEDICARE PAYMENT AMOUNT.

UNDER HOME HEALTH PPS, BENEFICIARIES WILL BE CLASSIFI
AN APPROPRIATE CASE MIX CATEGORY KNOWN AS THE HOME HE
RESOURCE GROUP. A HIPPS CODE IS THEN GENERATED
CORRESPONDING TO THE CASE MIX CATEGORY (HHRG).

1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

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                                            POSITIONS
          NAME                TYPE  LENGTH BEG   END                          CONTENTS
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                                                       FOR THE RAP, THE PRICER WILL DETERMINE THE PAYMENT AM
                                                       APPROPRIATE TO THE HIPPS CODE BY COMPUTING 60% (FOR F
                                                       EPISODE) OR 50% (FOR SUBSEQUENT EPISODES) OF THE CASE
                                                       EPISODE PAYMENT.  THE PAYMENT IS THEN WAGE INDEX ADJU

                                                       FOR THE FINAL CLAIM, PRICER CALCULATES 100% OF THE AM
                                                       DUE, BECAUSE THE FINAL CLAIM IS PROCESSED AS AN ADJUS
                                                       TO THE RAP, REVERSING THE RAP PAYMENT IN FULL.  ALTHO
                                                       FINAL CLAIM WILL SHOW 100% PAYMENT AMOUNT, THE PROVID
                                                       ACTUALLY RECEIVE THE 40% OR 50% PAYMENT.

                                                       EXCEPTIONS:  FOR CLAIMS INVOLVING DEMOS AND BBA ENCOU
                                                       DATA, THE AMOUNT REPORTED IN THIS FIELD MAY NOT JUST
                                                       REPRESENT THE ACTUAL PROVIDER PAYMENT.
```


                                 FOR DEMO IDS '01','02','03','04' -- CLAIMS CONTA
AMOUNT PAID TO THE PROVIDER, EXCEPT THAT SPECIAL
'DIFFERENTIALS' PAID OUTSIDE THE NORMAL PAYMENT
ARE NOT INCLUDED.

FOR DEMO IDS '05','15' -- ENCOUNTER DATA 'CLAIMS
CONTAIN AMOUNT MEDICARE WOULD HAVE PAID UNDER FF
INSTEAD OF THE ACTUAL PAYMENT TO THE MCO.

FOR DEMO IDS '06','07','08' -- CLAIMS CONTAIN AC
PROVIDER PAYMENT BUT REPRESENT A SPECIAL NEGOTIA
BUNDLED PAYMENT FOR BOTH PART A AND PART B SERVI
TO IDENTIFY WHAT THE CONVENTIONAL PROVIDER PART
PAYMENT WOULD HAVE BEEN, CHECK VALUE CODE = 'Y4'
RELATED NONINSTITUTIONAL (PHYSICIAN/SUPPLIER) CL
CONTAIN WHAT WOULD HAVE BEEN PAID HAD THERE BEEN
DEMO.

FOR BBA ENCOUNTER DATA (NON-DEMO) -- 'CLAIMS' CO
AMOUNT MEDICARE WOULD HAVE PAID UNDER FFS, INSTE.
THE ACTUAL PAYMENT TO THE BBA PLAN.

9.2 DIGITS SIGNED

COMMON ALIAS: REIMBURSEMENT
DB2 ALIAS: CLM_PMT_AMT
SAS ALIAS: PMT_AMT
STANDARD ALIAS: CLM_PMT_AMT
TITLE ALIAS: REIMBURSEMENT

EDIT-RULES:
$$$$$$$$$CC

COMMENT:
PRIOR TO VERSION H THE SIZE OF THIS FIELD WAS S9(7)V9
THE NONINSTITUTIONAL CLAIM RECORDS CARRIED THIS FIELD
ITEM. EFFECTIVE WITH VERSION H, THIS ELEMENT IS A CL.
FIELD ACROSS ALL CLAIM TYPES (AND THE LINE ITEM FIELD
RENAMED.)

1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

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                                              POSITIONS
            NAME                  TYPE   LENGTH BEG   END                        CONTENTS
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                                                            SOURCE:
                                                            CWF

                                                            LIMITATIONS:
                                                            PRIOR TO 4/6/93, ON INPATIENT, OUTPATIENT, AND
                                                            PHYSICIAN/SUPPLIER CLAIMS CONTAINING A
                                                            CLM_DISP_CD OF '02', THE AMOUNT SHOWN AS THE MEDICARE
                                                            REIMBURSEMENT DOES NOT TAKE INTO CONSIDERATION
                                                            ANY CWF AUTOMATIC ADJUSTMENTS (INVOLVING ERRONEOUS
                                                            DEDUCTIBLES IN MOST CASES).  IN AS MANY AS 30% OF
                                                            THE CLAIMS (30% IP, 15% OP, 5% PART B), THE
                                                            REIMBURSEMENT REPORTED ON THE CLAIMS MAY BE OVER
                                                            OR UNDER THE ACTUAL MEDICARE PAYMENT AMOUNT.

51. CARRIER CLAIM PRIMARY PAYER   PACK      6   234   239   EFFECTIVE WITH VERSION H, THE AMOUNT OF A
    PAID AMOUNT                                             PAYMENT MADE ON BEHALF OF A MEDICARE BENE-
                                                            FICIARY BY A PRIMARY PAYER OTHER THAN MEDICARE,
                                                            THAT THE PROVIDER IS APPLYING TO COVERED
                                                            MEDICARE CHARGES ON A NON-INSTITUTIONAL CLAIM.

                                                            NOTE:  DURING THE VERSION H CONVERSION, THIS FIELD
                                                            WAS POPULATED WITH DATA THROUGHOUT HISTORY (BACK TO
                                                            SERVICE YEAR 1991) BY SUMMING UP THE LINE ITEM PRIMAR
                                                            PAYER AMOUNTS.

                                                            9.2 DIGITS SIGNED

                                                            DB2 ALIAS: CARR_PRMRY_PYR_AMT
                                                            SAS ALIAS: PRPAYAMT
                                                            STANDARD ALIAS: CARR_CLM_PRMRY_PYR_PD_AMT
                                                            TITLE ALIAS: PRIMARY_PAYER_AMOUNT

                                                            EDIT-RULES:
                                                            $$$$$$$$$CC

                                                            SOURCE:
                                                            CWF

52. FILLER                        CHAR      1   240   240

53. CARRIER CLAIM REFERRING       CHAR      6   241   246   THE UNIQUE PHYSICIAN IDENTIFICATION NUMBER
```

```
        UPIN NUMBER                                              (UPIN) OF THE PHYSICIAN WHO REFERRED THE
                                                                 BENEFICIARY TO THE PHYSICIAN WHO PERFORMED
                                                                 THE PART B SERVICES.

                                                                 COMMON ALIAS: REFERRING_PHYSICIAN_UPIN
                                                                 DB2 ALIAS: CARR_RFRG_UPIN_NUM
                                                                 SAS ALIAS: RFR_UPIN
                                                                 STANDARD ALIAS: CARR_CLM_RFRG_UPIN_NUM
                                                                 TITLE ALIAS: REFERRING_PHYSICIAN_UPIN


                                                                 COMMENT:
                                                                 PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                                 CWFB_CLM_RFRG_UPIN_NUM.

                                                                 SOURCE:
  1                           CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                                   POSITIONS
              NAME                   TYPE  LENGTH BEG   END                      CONTENTS
       ---------------------------- ----  ------ --------- ----------------------------------------------------
                                                                 CWF

   54. CARRIER CLAIM REFERRING       CHAR    10   247  256  A PLACEHOLDER FIELD (EFFECTIVE WITH VERSION H)
       PHYSICIAN NPI NUMBER                                  FOR STORING THE NPI ASSIGNED TO THE REFERRING
                                                             PHYSICIAN.

                                                             COMMON ALIAS: REFERRING_PHYSICIAN_NPI
                                                             DB2 ALIAS: RFRG_PHYSN_NPI_NUM
                                                             SAS ALIAS: RFR_NPI
                                                             STANDARD ALIAS: CARR_CLM_RFRG_PHYSN_NPI_NUM
                                                             TITLE ALIAS: RFRG_PHYSN_NPI

                                                             SOURCE:
                                                             CWF

   55. CARRIER CLAIM PROVIDER        CHAR     1   257  257  A SWITCH INDICATING WHETHER OR NOT THE PROVIDER
       ASSIGNMENT INDICATOR SWITCH                           ACCEPTS ASSIGNMENT FOR THE NONINSTITUTIONAL CLAIM.

                                                             DB2 ALIAS: PRVDR_ASGNMT_SW
                                                             SAS ALIAS: ASGMNTCD
                                                             STANDARD ALIAS: CARR_CLM_PRVDR_ASGNMT_IND_SW
                                                             TITLE ALIAS: ASSIGNMENT_SW

                                                             CODES:
```

```
                                                    A = ASSIGNED CLAIM
                                                    N = NON-ASSIGNED CLAIM


                                                    COMMENT:
                                                    PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                    CWFB_CLM_PRVDR_ASGNMT_IND_SW.


                                                    SOURCE:
                                                    CWF

 56. NCH CLAIM PROVIDER PAYMENT   PACK    6   258  263  EFFECTIVE WITH VERSION H, THE TOTAL PAYMENTS
     AMOUNT                                             MADE TO THE PROVIDER FOR THIS CLAIM (SUM OF
                                                        LINE ITEM PROVIDER PAYMENT AMOUNTS.)


                                                    NOTE:  BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                    10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                    CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                    ZEROES IN THIS FIELD.


                                                    9.2 DIGITS SIGNED


                                                    DB2 ALIAS: NCH_PRVDR_PMT_AMT
                                                    SAS ALIAS: PROV_PMT
                                                    STANDARD ALIAS: NCH_CLM_PRVDR_PMT_AMT
                                                    TITLE ALIAS: PRVDR_PMT


                                                    SOURCE:
                                                    NCH QA PROCESS

 57. NCH CLAIM BENEFICIARY        PACK    6   264  269  EFFECTIVE WITH VERSION H, THE TOTAL PAYMENTS
     PAYMENT AMOUNT                                     MADE TO THE BENEFICIARY FOR THIS CLAIM (SUM OF
                                                        LINE PAYMENT AMOUNTS TO THE BENEFICIARY.)
  1                         CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                                POSITIONS
             NAME                   TYPE  LENGTH BEG   END                        CONTENTS
   ----------------------------    ----  ------ --------  -------------------------------------------------


                                                    NOTE:  BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                    10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                    CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                    ZEROES IN THIS FIELD.


                                                    9.2 DIGITS SIGNED
```

DB2 ALIAS: NCH_BENE_PMT_AMT
SAS ALIAS: BENE_PMT
STANDARD ALIAS: NCH_CLM_BENE_PMT_AMT
TITLE ALIAS: BENE_PMT

SOURCE:
NCH QA PROCESS

58. CARRIER CLAIM BENEFICIARY   PACK   6   270   275   EFFECTIVE WITH VERSION H, THE AMOUNT PAID BY
    PAID AMOUNT   THE BENEFICIARY FOR THE NON-INSTITUTIONAL PART B
                                                          SERVICES.

                                                          NOTE: BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                          10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                          CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                          ZEROES IN THIS FIELD.

                                                          9.2 DIGITS SIGNED

                                                          DB2 ALIAS: CARR_BENE_PD_AMT
                                                          SAS ALIAS: BENEPAID
                                                          STANDARD ALIAS: CARR_CLM_BENE_PD_AMT
                                                          TITLE ALIAS: BENE_PD_AMT

                                                          SOURCE:
                                                          CWF

59. NCH CARRIER CLAIM SUBMITTED PACK   6   276   281   EFFECTIVE WITH VERSION H, THE TOTAL SUBMITTED
    CHARGE AMOUNT   CHARGES ON THE CLAIM (THE SUM OF LINE ITEM
                                                          SUBMITTED CHARGES).

                                                          NOTE: DURING THE VERSION H CONVERSION THIS FIELD
                                                          WAS POPULATED WITH DATA THROUGHOUT HISTORY (BACK TO
                                                          SERVICE YEAR 1991).

                                                          9.2 DIGITS SIGNED

                                                          DB2 ALIAS: CARR_SBMT_CHRG_AMT
                                                          SAS ALIAS: SBMTCHRG
                                                          STANDARD ALIAS: NCH_CARR_SBMT_CHRG_AMT
                                                          TITLE ALIAS: SBMT_CHRG

                                                          EDIT-RULES:

```
                                            $$$$$$$$$CC

                                            SOURCE:
                                            NCH QA PROCESS


1                        CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                        POSITIONS
            NAME                TYPE  LENGTH BEG  END                        CONTENTS
   ------------------------------ ---- ------ ---------  -----------------------------------------------------
   60. NCH CARRIER CLAIM ALLOWED   PACK    6   282  287  EFFECTIVE WITH VERSION H, THE TOTAL ALLOWED
       CHARGE AMOUNT                                     CHARGES ON THE CLAIM (THE SUM OF LINE ITEM
                                                         ALLOWED CHARGES).

                                                         NOTE:  DURING THE VERSION H CONVERSION THIS FIELD
                                                         WAS POPULATED WITH DATA THROUGHOUT HISTORY (BACK TO
                                                         SERVICE YEAR 1991).

                                                         9.2 DIGITS SIGNED

                                                         DB2 ALIAS: CARR_ALOW_CHRG_AMT
                                                         SAS ALIAS: ALOWCHRG
                                                         STANDARD ALIAS: NCH_CARR_ALOW_CHRG_AMT
                                                         TITLE ALIAS: ALOW_CHRG

                                                         EDIT-RULES:
                                                         $$$$$$$CC

                                                         SOURCE:
                                                         NCH QA PROCESS

   61. CARRIER CLAIM CASH          PACK    6   288  293  EFFECTIVE WITH VERSION H, THE AMOUNT OF THE CASH
       DEDUCTIBLE APPLIED AMOUNT                         DEDUCTIBLE AS SUBMITTED ON THE CLAIM.

                                                         NOTE:  BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                         10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                         CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                         ZEROES IN THIS FIELD.

                                                         9.2 DIGITS SIGNED

                                                         DB2 ALIAS: CASH_DDCTBL_AMT
                                                         SAS ALIAS: DEDAPPLY
                                                         STANDARD ALIAS: CARR_CLM_CASH_DDCTBL_APPLY_AMT
```

```
                                                    TITLE ALIAS: CASH_DDCTBL

                                                    SOURCE:
                                                    CWF

   62. CARRIER CLAIM HCPCS YEAR    NUM    1   294 294  EFFECTIVE WITH VERSION H, THE TERMINAL DIGIT
       CODE                                            OF HCPCS VERSION USED TO CODE THE CLAIM.

                                                    NOTE:  BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                    10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                    CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                    ZEROES IN THIS FIELD.

                                                    1 DIGIT UNSIGNED

                                                    DB2 ALIAS: CARR_HCPCS_YR_CD
                                                    SAS ALIAS: HCPCS_YR
                                                    STANDARD ALIAS: CARR_CLM_HCPCS_YR_CD
                                                    TITLE ALIAS: HCPCS_YR

                                                    SOURCE:
                                                    CWF
   1                      CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001
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                                          POSITIONS
              NAME                 TYPE  LENGTH BEG  END                        CONTENTS
   ---------------------------     ----  ------ --------  ---------------------------------------------------

   63. CARRIER CLAIM MCO OVERRIDE  CHAR    1   295 295  EFFECTIVE WITH VERSION H, THE CODE USED TO
       INDICATOR CODE                                   INDICATE WHETHER OR NOT AN MCO INVESTIGATION
                                                        APPLIES TO THE CLAIM (USED FOR INTERNAL CWFMQA
                                                        EDITING PURPOSES).

                                                    NOTE:  BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                    10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                    CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                    SPACES IN THIS FIELD.

                                                    DB2 ALIAS: MCO_OVRRD_IND_CD
                                                    SAS ALIAS: MCOOVRRD
                                                    STANDARD ALIAS: CARR_CLM_MCO_OVRRD_IND_CD
                                                    TITLE ALIAS: MCO_OVERRIDE

                                                    CODES:
```

```
                                                        0 = NO INVESTIGATION
                                                        1 = MCO INVESTIGATION DOES NOT APPLY TO THIS
                                                              CLAIM.

                                                        SOURCE:
                                                        CWF

    64. CARRIER CLAIM HOSPICE         CHAR     1   296  296  EFFECTIVE WITH VERSION H, THE CODE USED TO
        OVERRIDE INDICATOR CODE                            INDICATE WHETHER OR NOT AN HOSPICE INVESTIGATION
                                                           APPLIES TO THE CLAIM (USED FOR INTERNAL CWFMQA
                                                           EDITING PURPOSES).

                                                        NOTE:  BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                        10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                        CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                        SPACES IN THIS FIELD.

                                                        DB2 ALIAS: HOSPC_OVRRD_IND_CD
                                                        SAS ALIAS: HOSPOVRD
                                                        STANDARD ALIAS: CARR_CLM_HOSPC_OVRRD_IND_CD
                                                        TITLE ALIAS: HOSPC_OVERRIDE

                                                        CODES:
                                                        0 = NO INVESTIGATION
                                                        1 = HOSPICE INVESTIGATION SHOWN NOT APPLICABLE
                                                          TO THIS CLAIM.

                                                        SOURCE:
                                                        CWF

    65. FILLER                        CHAR    31   297  327

 ****  CARRIER SPECIFIC GROUP         GROUP   34   328  361  THIS GROUP IDENTIFIES THOSE FIELDS SPECIFIC
                                                           TO THE CARRIER CLAIM RECORD.

                                                        STANDARD ALIAS: CARR_SPECFC_GRP

    66. CARRIER CLAIM REFERRING PIN   CHAR    14   328  341  CARRIER-ASSIGNED IDENTIFICATION (PROFILING)
        NUMBER                                             NUMBER OF THE PHYSICIAN WHO REFERRED THE
1                             CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                      POSITIONS
            NAME                 TYPE  LENGTH BEG  END                           CONTENTS
    ---------------------------- ---- ------ --------  ----------------------------------------------------
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BENEFICIARY TO THE PHYSICIAN THAT PERFORMED
THE PART B SERVICES.

COMMON ALIAS: REFERRING_PHYSICIAN_PIN
DB2 ALIAS: CARR_RFRG_PIN_NUM
SAS ALIAS: RFR_PRFL
STANDARD ALIAS: CARR_CLM_RFRG_PIN_NUM
TITLE ALIAS: RFRG_PIN

COMMENT:
PRIOR TO VERSION H THIS FIELD WAS NAMED:
CWFB_CLM_RFRG_PHYSN_PRFLG_NUM.

SOURCE:
CWF

67. CARE PLAN OVERSIGHT (CPO)   CHAR   6   342 347   EFFECTIVE WITH NCH WEEKLY PROCESS DATE 3/7/97,
     PROVIDER NUMBER   THE MEDICARE PROVIDER NUMBER OF THE HHA OR HOSPICE
                                                           RENDERING MEDICARE COVERED SERVICES DURING
                                                           PERIOD THE PHYSICIAN IS PROVIDING CARE PLAN
                                                           OVERSIGHT. THE PURPOSE OF THIS FIELD IS TO
                                                           ENSURE COMPLIANCE WITH THE CPO REQUIREMENT THAT
                                                           THE BENEFICIARY MUST BE RECEIVING COVERED HHA OR
                                                           HOSPICE SERVICES DURING THE BILLING PERIOD. THERE
                                                           CAN BE ONLY ONE CPO PROVIDER NUMBER PER CLAIM, AND
                                                           NO OTHER SERVICES BUT CPO PHYSICIAN SERVICES ARE
                                                           TO BE REPORTED ON THE CLAIM. THIS FIELD IS ONLY
                                                           PRESENT ON THE NON-DMERC PROCESSED CARRIER CLAIM.

NOTE: ON THE VERSION G FORMAT, THIS FIELD IS STORED
AS A REDEFINITION OF THE NEAR_LINE_ORGNL_BENE_CAN_NUM
(THE FIRST 3 POSITIONS CONTAIN 'CPO', FOLLOWED BY
THE 6-POSITION PROVIDER NUMBER). DURING THE
VERSION H CONVERSION THE DATA WAS MOVED TO THIS
DEDICATED FIELD.

DB2 ALIAS: CPO_PRVDR_NUM
SAS ALIAS: CPO_PROV
STANDARD ALIAS: CPO_PRVDR_NUM
TITLE ALIAS: CPO_PRVDR

SOURCE:
CWF

68. CPO ORGANIZATION NPI NUMBER CHAR   10   348 357 A PLACEHOLDER FIELD (EFFECTIVE WITH VERSION H)
                                                         FOR STORING THE NPI ASSIGNED TO THE CPO ORGAN-
                                                         IZATIONAL PROVIDER.

                                                         DB2 ALIAS: CPO_ORG_NPI_NUM
                                                         SAS ALIAS: CPO_NPI
                                                         STANDARD ALIAS: CPO_ORG_NPI_NUM
                                                         TITLE ALIAS: CPO_ORG_NPI

                                                         SOURCE:
                                                         CWF

1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                                POSITIONS
             NAME   TYPE LENGTH BEG   END   CONTENTS
    ------------------------------ ---- ------ --------- ---
69. CLAIM BLOOD PINTS FURNISHED PACK   2   358 359 NUMBER OF WHOLE PINTS OF BLOOD FURNISHED TO THE
    QUANTITY   BENEFICIARY, AS REPORTED ON THE CARRIER CLAIM
                                                        (NON-DMERC).

                                                         3 DIGITS SIGNED

                                                         DB2 ALIAS: BLOOD_PT_FRNSH_QTY
                                                         SAS ALIAS: BLDFRNSH
                                                         STANDARD ALIAS: CLM_BLOOD_PT_FRNSH_QTY
                                                         TITLE ALIAS: BLOOD_PINTS_FURNISHED

                                                         EDIT-RULES:
                                                         NUMERIC

                                                         COMMENT:
                                                         PRIOR TO VERSION H THIS FIELD WAS STORED IN A
                                                         BLOOD TRAILER. VERSION H ELIMINATED THE BLOOD
                                                         TRAILER.

                                                         SOURCE:
                                                         CWF

70. CLAIM BLOOD DEDUCTIBLE   PACK   2   360 361 THE QUANTITY OF BLOOD PINTS APPLIED (BLOOD
    PINTS QUANTITY   DEDUCTIBLE) AS REPORTED ON THE CARRIER CLAIM
                                                        (NON-DMERC).

```
                                        3 DIGITS SIGNED

                                        DB2 ALIAS: BLOOD_DDCTBL_PT
                                        SAS ALIAS: BLD_DED
                                        STANDARD ALIAS: CLM_BLOOD_DDCTBL_PT_QTY
                                        TITLE ALIAS: BLOOD_PINTS_DEDUCTIBLE

                                        EDIT-RULES:
                                        NUMERIC

                                        COMMENT:
                                        PRIOR TO VERSION H THIS FIELD WAS STORED IN A
                                        BLOOD TRAILER.  VERSION H ELIMINATED THE BLOOD
                                        TRAILER.

                                        SOURCE:
                                        CWF

   71. CARRIER NCH EDIT CODE COUNT  NUM      2   362  363  THE COUNT OF THE NUMBER OF EDIT CODES
                                                           ANNOTATED TO THE CARRIER CLAIM DURING
                                                           HCFA'S CWFMQA PROCESS.  THE PURPOSE OF
                                                           THIS COUNT IS TO INDICATE HOW MANY CLAIM
                                                           EDIT TRAILERS ARE PRESENT.

                                        2 DIGITS UNSIGNED

                                        DB2 ALIAS: CARR_EDIT_CD_CNT
                                        SAS ALIAS: CEDCNT
                                        STANDARD ALIAS: CARR_NCH_EDIT_CD_CNT
   1                 CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                              POSITIONS
              NAME                   TYPE  LENGTH BEG   END                      CONTENTS
   ---------------------------- ---- ------ --------  ----------------------------------------------------

                                        COMMENT:
                                        PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                        CLM_EDIT_CD_CNT.

                                        SOURCE:
                                        NCH

   72. CARRIER NCH PATCH CODE       NUM      2   364  365  EFFECTIVE WITH VERSION H, THE COUNT OF THE
       COUNT                                               NUMBER OF HCFA PATCH CODES ANNOTATED TO THE
```

CARRIER CLAIM DURING THE NEARLINE MAINTENANCE
PROCESS.   THE PURPOSE OF THIS COUNT IS TO
INDICATE HOW MANY NCH PATCH TRAILERS ARE
PRESENT.
NOTE: DURING THE VERSION H CONVERSION THIS
FIELD WAS POPULATED WITH DATA THROUGHOUT
HISTORY (BACK TO SERVICE YEAR 1991).

2 DIGITS UNSIGNED

DB2 ALIAS: CARR_PATCH_CD_CNT
SAS ALIAS: CPATCNT
STANDARD ALIAS: CARR_NCH_PATCH_CD_I_CNT

SOURCE:
NCH

73. CARRIER MCO PERIOD COUNT   NUM   1   366 366   EFFECTIVE WITH VERSION H, THE COUNT OF THE
NUMBER OF MANAGED CARE ORGANIZATION (MCO)
PERIODS REPORTED ON A CARRIER CLAIM.
THE PURPOSE OF THIS COUNT IS TO INDICATE
HOW MANY MCO PERIOD TRAILERS ARE PRESENT.

NOTE: BEGINNING WITH NCH WEEKLY PROCESS DATE
10/3/97 THIS FIELD WAS POPULATED WITH DATA.
CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
ZEROES IN THIS FIELD.

1 DIGIT UNSIGNED

DB2 ALIAS: CARR_MCO_PRD_CNT
SAS ALIAS: CMCOCNT
STANDARD ALIAS: CARR_MCO_PRD_CNT

EDIT-RULES:
RANGE: 0 TO 2

SOURCE:
NCH

74. CARRIER CLAIM HEALTH PLANID NUM   1   367 367   A PLACEHOLDER FIELD (EFFECTIVE WITH VERSION H)
    COUNT   FOR STORING THE COUNT OF THE NUMBER OF HEALTH
PLANIDS REPORTED ON THE CARRIER CLAIM. THE
PURPOSE OF THIS COUNT IS TO INDICATE HOW MANY

```
                                                       HEALTH PLANID TRAILERS ARE PRESENT. NOTE:  PRIOR
                                                       TO VERSION 'I' THIS FIELD WAS NAMED:
   1                        CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                           POSITIONS
            NAME                 TYPE  LENGTH BEG  END                              CONTENTS
     ---------------------------- ----  ------ --------- -------------------------------------------------
                                                       CARR_CLM_PAYERID_CNT.

                                                       1 DIGIT UNSIGNED

                                                       DB2 ALIAS: CARR_PLANID_CNT
                                                       SAS ALIAS: CPLNCNT
                                                       STANDARD ALIAS: CARR_CLM_HLTH_PLANID_CNT

                                                       EDIT-RULES:
                                                       RANGE: 0 TO 3

                                                       SOURCE:
                                                       NCH

   75. CARRIER CLAIM DEMONSTRATION  NUM    1    368  368  EFFECTIVE WITH VERSION H, THE COUNT OF THE NUMBER
       ID COUNT                                          OF CLAIM DEMONSTRATION IDS REPORTED ON AN
                                                         CARRIER CLAIM.  THE PURPOSE OF THIS COUNT IS
                                                         TO INDICATE HOW MANY CLAIM DEMONSTRATION
                                                         TRAILERS ARE PRESENT.

                                                         NOTE:  DURING THE VERSION H CONVERSION THIS FIELD
                                                         WAS POPULATED WITH DATA WHERE A DEMO WAS
                                                         IDENTIFIABLE.

                                                         1 DIGIT UNSIGNED

                                                         DB2 ALIAS: CARR_DEMO_ID_CNT
                                                         SAS ALIAS: CDEMCNT
                                                         STANDARD ALIAS: CARR_CLM_DEMO_ID_CNT

                                                         EDIT-RULES:
                                                         RANGE: 0 TO 5

                                                         SOURCE:
                                                         NCH

   76. CARRIER CLAIM DIAGNOSIS      NUM    1    369  369  THE COUNT OF THE NUMBER OF DIAGNOSIS CODES (BOTH
```

```
        CODE COUNT                                                PRINCIPAL AND OTHER) REPORTED ON AN CARRIER
                                                                  CLAIM.  THE PURPOSE OF THIS COUNT IS TO INDICATE
                                                                  HOW MANY CLAIM DIAGNOSIS TRAILERS ARE PRESENT.

                                                                  1 DIGIT UNSIGNED

                                                                  DB2 ALIAS: CARR_DGNS_CD_CNT
                                                                  SAS ALIAS: CDGNCNT
                                                                  STANDARD ALIAS: CARR_CLM_DGNS_CD_CNT

                                                                  EDIT-RULES:
                                                                  RANGE: 0 TO 4

                                                                  COMMENT:
                                                                  PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                                  CLM_DGNS_CD_CNT.

                                                                  SOURCE:
                                                                  NCH
  1                     CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                                    POSITIONS
              NAME                     TYPE  LENGTH BEG  END                         CONTENTS
    ------------------------------     ----  ------ ---------  -------------------------------------------------

    77. CARRIER CLAIM LINE COUNT       NUM      2   370  371   THE COUNT OF THE NUMBER OF LINE ITEMS REPORTED
                                                               ON THE CARRIER CLAIM.  THE PURPOSE OF THIS COUNT
                                                               IS TO INDICATE HOW MANY LINE ITEM TRAILERS ARE
                                                               PRESENT.

                                                               2 DIGITS UNSIGNED

                                                               DB2 ALIAS: CARR_CLM_LINE_CNT
                                                               SAS ALIAS: CLINECNT
                                                               STANDARD ALIAS: CARR_CLM_LINE_CNT

                                                               EDIT-RULES:
                                                               RANGE: 1 TO 13

                                                               COMMENT:
                                                               PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                               CWFB_CLM_NUM_LINE_ITM_CNT.

                                                               SOURCE:
```

```
                                              CWFB CLAIMS

    78.  FILLER                      CHAR      4   372  375

  ****   CARRIER CLAIM VARIABLE      GROUP    VAR            VARIABLE PORTION OF THE CARRIER CLAIM RECORD
         GROUP                                              FOR VERSION H OF THE NCH.

                                                           STANDARD ALIAS: CARR_CLM_VAR_GRP

  ****   NCH EDIT GROUP              GROUP     5             THE NUMBER OF CLAIM EDIT TRAILERS IS DETERMINED
                                                           BY THE CLAIM EDIT CODE COUNT.

                                                           OCCURS: UP TO 13 TIMES
                                                                   DEPENDING ON CARR_NCH_EDIT_CD_CNT

                                                           STANDARD ALIAS: NCH_EDIT_GRP

    79.  NCH EDIT TRAILER INDICATOR  CHAR      1             EFFECTIVE WITH VERSION H, THE CODE INDICATING
         CODE                                              THE PRESENCE OF AN NCH EDIT TRAILER.

                                                           NOTE:  DURING THE VERSION H CONVERSION THIS FIELD
                                                           WAS POPULATED THROUGHOUT HISTORY (BACK TO SERVICE
                                                           YEAR 1991).

                                                           DB2 ALIAS: EDIT_TRLR_IND_CD
                                                           SAS ALIAS: EDITIND
                                                           STANDARD ALIAS: NCH_EDIT_TRLR_IND_CD

                                                           CODES:
                                                           E = EDIT CODE TRAILER PRESENT

                                                           SOURCE:
                                                           NCH QA PROCESS

    80.  NCH EDIT CODE               CHAR      4             THE CODE ANNOTATED TO THE CLAIM INDICATING
                                                           THE CWFMQA EDITING RESULTS SO USERS WILL
  1                        CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                                POSITIONS
                 NAME                 TYPE  LENGTH BEG   END                          CONTENTS
          ---------------------------  ----  ------ --------  ----------------------------------------------------
                                                           BE AWARE OF DATA DEFICIENCIES.

                                                           NOTE:  PRIOR TO VERSION H ONLY THE HIGHEST
```

PRIORITY CODE WAS STORED. BEGINNING 11/98
UP TO 13 EDIT CODES MAY BE PRESENT.

COMMON ALIAS: QA_ERROR_CODE
DB2 ALIAS: NCH_EDIT_CD
SAS ALIAS: EDIT_CD
STANDARD ALIAS: NCH_EDIT_CD
TITLE ALIAS: QA_ERROR_CD

CODES:
  REFER TO: NCH_EDIT_TB
            IN THE CODES APPENDIX

SOURCE:
NCH QA EDIT PROCESS

```
 ****   NCH PATCH GROUP              GROUP   11          OCCURS: UP TO 30 TIMES
                                                                DEPENDING ON CARR_NCH_PATCH_CD_I_CNT

                                                        STANDARD ALIAS: NCH_PATCH_GRP

  81. NCH PATCH TRAILER INDICATOR  CHAR    1            EFFECTIVE WITH VERSION H, THE CODE INDICATING
      CODE                                              THE PRESENCE OF AN NCH PATCH TRAILER.
```

NOTE: DURING THE VERSION H CONVERSION THIS FIELD
WAS POPULATED THROUGHOUT HISTORY (BACK TO SERVICE
YEAR 1991).

DB2 ALIAS: PATCH_TRLR_IND_CD
SAS ALIAS: PATCHIND
STANDARD ALIAS: NCH_PATCH_TRLR_IND_CD

CODES:
P = PATCH CODE TRAILER PRESENT

SOURCE:
NCH

```
  82. NCH PATCH CODE               CHAR    2            EFFECTIVE WITH VERSION H, THE CODE ANNOTATED
                                                        TO THE CLAIM INDICATING A PATCH WAS APPLIED
                                                        TO THE RECORD DURING AN NCH NEARLINE RECORD
                                                        CONVERSION AND/OR DURING CURRENT PROCESSING.
```

NOTE: PRIOR TO VERSION H THIS FIELD WAS LOCATED

```
                                             IN THE THIRD AND FOURTH OCCURRENCE OF THE
                                             CLM_EDIT_CD.

                                             DB2 ALIAS: NCH_PATCH_CD
                                             SAS ALIAS: PATCHCD
                                             STANDARD ALIAS: NCH_PATCH_CD
                                             TITLE ALIAS: NCH_PATCH

                                             CODES:
1                    CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                       POSITIONS
            NAME                 TYPE  LENGTH BEG  END                        CONTENTS
   ---------------------------- ----- ------ --------- ---------------------------------------------------
                                             REFER TO: NCH_PATCH_TB
                                                       IN THE CODES APPENDIX

                                             SOURCE:
                                             NCH

   83. NCH PATCH APPLIED DATE    NUM      8             EFFECTIVE WITH VERSION H, THE DATE THE NCH PATCH
                                                        WAS APPLIED TO THE CLAIM.


                                             8 DIGITS UNSIGNED

                                             DB2 ALIAS: NCH_PATCH_APPLY_DT
                                             SAS ALIAS: PATCHDT
                                             STANDARD ALIAS: NCH_PATCH_APPLY_DT
                                             TITLE ALIAS: NCH_PATCH_DT

                                             EDIT-RULES:
                                             YYYYMMDD

                                             SOURCE:
                                             NCH

   ****  MCO PERIOD GROUP        GROUP    37            THE NUMBER OF MANAGED CARE ORGANIZATION (MCO)
                                                        PERIOD DATA TRAILERS PRESENT IS DETERMINED BY
                                                        THE CLAIM MCO PERIOD TRAILER COUNT.  THIS FIELD
                                                        REFLECTS THE TWO MOST CURRENT MCO PERIODS IN THE
                                                        CWF BENEFICIARY HISTORY RECORD.  IT MAY HAVE NO
                                                        CONNECTION TO THE SERVICES ON THE CLAIM.
```

```
                                                    OCCURS: UP TO 2 TIMES
                                                          DEPENDING ON CARR_MCO_PRD_CNT

                                                    STANDARD ALIAS: MCO_PRD_GRP

  84. NCH MCO TRAILER INDICATOR    CHAR    1        EFFECTIVE WITH VERSION H, THE CODE INDICATING
      CODE                                          THE PRESENCE OF A MANAGED CARE ORGANIZATION (MCO)
                                                    TRAILER.

                                                    NOTE:  BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                    10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                    CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                    SPACES IN THIS FIELD.

                                                    COBOL ALIAS: MCO_IND
                                                    DB2 ALIAS: MCO_TRLR_IND_CD
                                                    SAS ALIAS: MCOIND
                                                    STANDARD ALIAS: NCH_MCO_TRLR_IND_CD
                                                    TITLE ALIAS: MCO_INDICATOR

                                                    CODES:
                                                    M = MCO TRAILER PRESENT

                                                    SOURCE:
                                                    NCH QA PROCESS
```

```
  1                         CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                             POSITIONS
             NAME                 TYPE  LENGTH BEG   END                           CONTENTS
    ------------------------------ ----  ------ ---------  ------------------------------------------------------
  85. MCO CONTRACT NUMBER          CHAR    5        EFFECTIVE WITH VERSION H, THIS FIELD REPRESENTS
                                                    THE PLAN CONTRACT NUMBER OF THE MANAGED CARE
                                                    ORGANIZATION (MCO).

                                                    NOTE:  BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                    10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                    CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                    SPACES IN THIS FIELD.

                                                    DB2 ALIAS: MCO_CNTRCT_NUM
                                                    SAS ALIAS: MCONUM
                                                    STANDARD ALIAS: MCO_CNTRCT_NUM
                                                    TITLE ALIAS: MCO_NUM
```

                                                            SOURCE:
                                                            CWF

    86. MCO OPTION CODE   CHAR   1   EFFECTIVE WITH VERSION H, THE CODE INDICATING
                                                            MANAGED CARE ORGANIZATION (MCO) LOCK-IN
                                                            ENROLLMENT STATUS OF THE BENEFICIARY.

                                                            NOTE: BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                            10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                            CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                            SPACES IN THIS FIELD.

                                                            DB2 ALIAS: MCO_OPTN_CD
                                                            SAS ALIAS: MCOOPTN
                                                            STANDARD ALIAS: MCO_OPTN_CD
                                                            TITLE ALIAS: MCO_OPTION_CD

                                                            CODES:
                                                            *****FOR LOCK-IN BENEFICIARIES****
                                                            A = HCFA TO PROCESS ALL PROVIDER BILLS
                                                            B = MCO TO PROCESS ONLY IN-PLAN
                                                            C = MCO TO PROCESS ALL PART A AND PART B BILLS

                                                            ***** FOR NON-LOCK-IN BENEFICIARIES*****
                                                            1 = HCFA TO PROCESS ALL PROVIDER BILLS
                                                            2 = MCO TO PROCESS ONLY IN-PLAN PART A AND
                                                                PART B BILLS

                                                            SOURCE:
                                                            CWF

    87. MCO PERIOD EFFECTIVE DATE   NUM   8   EFFECTIVE WITH VERSION H, THE DATE THE BENE-
                                                            FICIARY'S ENROLLMENT IN THE MANAGED CARE
                                                            ORGANIZATION (MCO) BECAME EFFECTIVE.

                                                            NOTE: BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                            10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                            CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                            ZEROES IN THIS FIELD.

                                                            8 DIGITS UNSIGNED

    1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

```
                                         POSITIONS
          NAME                   TYPE  LENGTH BEG  END                        CONTENTS
--------------------------     ----  ------ ---------   -------------------------------------------------
                                                        DB2 ALIAS: MCO_PRD_EFCTV_DT
                                                        SAS ALIAS: MCOEFFDT
                                                        STANDARD ALIAS: MCO_PRD_EFCTV_DT
                                                        TITLE ALIAS: MCO_PERIOD_EFF_DT

                                                        EDIT-RULES:
                                                        YYYYMMDD

                                                        SOURCE:
                                                        CWF

 88. MCO PERIOD TERMINATION DATE  NUM     8              EFFECTIVE WITH VERSION H, THE DATE THE BENE-
                                                        FICIARY'S ENROLLMENT IN THE MANAGED CARE
                                                        ORGANIZATION (MCO) WAS TERMINATED.

                                                        NOTE:  BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                        10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                        CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                        ZEROES IN THIS FIELD.

                                                        8 DIGITS UNSIGNED

                                                        DB2 ALIAS: MCO_PRD_TRMNTN_DT
                                                        SAS ALIAS: MCOTRMDT
                                                        STANDARD ALIAS: MCO_PRD_TRMNTN_DT
                                                        TITLE ALIAS: MCO_PERIOD_TERM_DT

                                                        EDIT-RULES:
                                                        YYYYMMDD

                                                        SOURCE:
                                                        CWF

 89. MCO HEALTH PLANID NUMBER     CHAR   14              A PLACEHOLDER FIELD (EFFECTIVE WITH VERSION H)
                                                        FOR STORING THE HEALTH PLANID ASSOCIATED WITH
                                                        THE MANAGED CARE ORGANIZATION (MCO).  PRIOR TO
                                                        VERSION 'I' THIS FIELD WAS NAMED:
                                                        MCO_PAYERID_NUM.

                                                        DB2 ALIAS: MCO_PLANID_NUM
```

```
                                          SAS ALIAS: MCOPLNID
                                          STANDARD ALIAS: MCO_HLTH_PLANID_NUM
                                          TITLE ALIAS: MCO_PLANID


                                          COMMENT:
                                          PRIOR TO VERSION I THIS FIELD WAS NAMED:
                                          MCO_PAYERID_NUM.


                                          SOURCE:
                                          CWF

 ****  CLAIM HEALTH PLANID GROUP   GROUP   16          THE NUMBER OF HEALTH PLANID DATA TRAILERS IS DETERMIN
                                                       BY THE CLAIM HEALTH PLANID TRAILER COUNT.  PRIOR
                                                       TO VERSION 'I' THIS FIELD WAS NAMED:
                                                       CLM_PAYERID_GRP.


 1                         CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                          POSITIONS
                 NAME            TYPE  LENGTH BEG  END                             CONTENTS
      ---------------------------- ---- ------ --------- --------------------------------------------------
                                                       OCCURS: UP TO 3 TIMES
                                                              DEPENDING ON CARR_CLM_HLTH_PLANID_CNT

                                                       STANDARD ALIAS: CLM_HLTH_PLANID_GRP


     90. NCH HEALTH PLANID TRAILER  CHAR    1           A PLACEHOLDER FIELD (EFFECTIVE WITH VERSION H)
         INDICATOR CODE                                 FOR STORING THE CODE THAT INDICATES THE PRESENCE
                                                        OF A HEALTH PLANID TRAILER.  NOTE: PRIOR TO
                                                        VERSION 'I' THIS FIELD WAS NAMED:
                                                        NCH_PAYERID_TRLR_IND_CD.


                                                        DB2 ALIAS: PLANID_TRLR_CD
                                                        SAS ALIAS: PLANIDIN
                                                        STANDARD ALIAS: NCH_HLTH_PLANID_TRLR_IND_CD


                                                        CODES:
                                                        I = HEALTH PLANID TRAILER PRESENT


                                                        COMMENT:
                                                        PRIOR TO VERSION I THIS FIELD WAS NAMED:
                                                        NCH_PAYERID_TRLR_IND_CD.


                                                        SOURCE:
```

```
                                                     NCH

   91. CLAIM HEALTH PLANID CODE     CHAR     1          A PLACEHOLDER FIELD (EFFECTIVE WITH VERSION H)
                                                        FOR STORING THE CODE IDENTIFYING THE TYPE OF
                                                        HEALTH PLANID.  PRIOR TO VERSION 'I' THIS FIELD
                                                        WAS NAMED: CLM_PAYERID-CD

                                                        DB2 ALIAS: CLM_PLANID_CD
                                                        SAS ALIAS: PLANIDCD
                                                        STANDARD ALIAS: CLM_HLTH_PLANID_CD
                                                        TITLE ALIAS: PLANID_TYPE

                                                        CODES:
                                                        1 = MEDICARE SECONDARY PAYER
                                                        2 = MEDICAID
                                                        3 = MEDIGAP
                                                        4 = SUPPLEMENTAL INSURER
                                                        5 = MANAGED CARE ORGANIZATION

                                                        COMMENT:
                                                        PRIOR TO VERSION I THIS FIELD WAS NAMED:
                                                        CLM_PAYERID_CD.

                                                        SOURCE:
                                                        CWF

   92. CLAIM HEALTH PLANID NUMBER   CHAR    14          A PLACEHOLDER FIELD (EFFECTIVE WITH VERSION H)
                                                        FOR STORING THE HEALTH PLANID NUMBER.  PRIOR
                                                        TO VERSION 'I' THIS FIELD WAS NAMED:
                                                        CLM_PAYERID_NUM.

                                                        DB2 ALIAS: CLM_PLANID_NUM
                                                        SAS ALIAS: PLANID
1                        CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                           POSITIONS
              NAME                TYPE  LENGTH BEG   END                         CONTENTS
     ---------------------------- ----  ------ --------   --------------------------------------------------
                                                        STANDARD ALIAS: CLM_HLTH_PLANID_NUM
                                                        TITLE ALIAS: PLANID

                                                        COMMENT:
                                                        PRIOR TO VERSION I THIS FIELD WAS NAMED:
                                                        CLM_PAYERID_NUM.
```

                                                                    SOURCE:
                                                                    CWF

    ****   CLAIM DEMONSTRATION   GROUP   18   THE NUMBER OF DEMONSTRATION IDENTIFICATION
           IDENTIFICATION GROUP   TRAILERS PRESENT IS DETERMINED BY THE CLAIM
                                                                 DEMONSTRATION IDENTIFICATION TRAILER COUNT.

                                                                 OCCURS: UP TO 5 TIMES
                                                                         DEPENDING ON CARR_CLM_DEMO_ID_CNT

                                                                 STANDARD ALIAS: CLM_DEMO_ID_GRP

    93. NCH DEMONSTRATION TRAILER   CHAR   1   EFFECTIVE WITH VERSION H, THE CODE INDICATING
         INDICATOR CODE   THE PRESENCE OF A DEMO TRAILER.

                                                                 NOTE: DURING THE VERSION H CONVERSION THIS FIELD
                                                                 WAS POPULATED THROUGHOUT HISTORY (BACK TO SERVICE
                                                                 YEAR 1991).

                                                                 COBOL ALIAS: DEMO_IND
                                                                 DB2 ALIAS: DEMO_TRLR_IND_CD
                                                                 SAS ALIAS: DEMOIND
                                                                 STANDARD ALIAS: NCH_DEMO_TRLR_IND_CD
                                                                 TITLE ALIAS: DEMO_INDICATOR

                                                                 CODES:
                                                                 D = DEMO TRAILER PRESENT

                                                                 SOURCE:
                                                                 NCH

    94. CLAIM DEMONSTRATION   CHAR   2   EFFECTIVE WITH VERSION H, THE NUMBER ASSIGNED
         IDENTIFICATION NUMBER   TO IDENTIFY A DEMO. THIS FIELD IS ALSO USED TO
                                                                 DENOTE SPECIAL PROCESSING (A.K.A. SPECIAL PROCESSING
                                                                 NUMBER, SPN).

                                                                 NOTE: PRIOR TO VERSION H, DEMO ID WAS STORED IN THE
                                                                 REDEFINED CLAIM EDIT GROUP, 4TH OCCURRENCE, POSITIONS
                                                                 3 AND 4.   DURING THE H CONVERSION, THIS FIELD WAS
                                                                 POPULATED WITH DATA THROUGHOUT HISTORY (AS APPRO-
                                                                 PRIATE EITHER BY MOVING ID ON VERSION G OR BY
                                                                 DERIVING FROM SPECIFIC DEMO CRITERIA).

                                                          01 = NURSING HOME CASE-MIX AND QUALITY: NHCMQ
                                                               (RUGS) DEMO -- TESTING PPS FOR SNFS IN 6
                                                               STATES, USING A CASE-MIX CLASSIFICATION
                                                               SYSTEM BASED ON RESIDENT CHARACTERISTICS AND
                                                               ACTUAL RESOURCES USED. THE CLAIMS CARRY A
                                                               RUGS INDICATOR AND ONE OR MORE REVENUE CENTER
1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                            POSITIONS
         NAME   TYPE LENGTH BEG END   CONTENTS
------------------------------ ---- ------ -------- --
                                                          CODES IN THE 9,000 SERIES.

                                                          NOTE1: EFFECTIVE FOR SNF CLAIMS WITH NCH WEEKLY
                                                          PROCESS DATE AFTER 2/8/96 (AND SERVICE DATE AFTER
                                                          12/31/95) -- BEGINNING 4/97, DEMO ID '01' WAS
                                                          DERIVED IN NCH BASED ON PRESENCE OF RUGS PHASE #
                                                          '2','3' OR '4' ON INCOMING CLAIM; SINCE 7/97, CWF
                                                          HAS BEEN ADDING ID TO CLAIM.

                                                          NOTE2: DURING THE VERSION H CONVERSION, DEMO ID
                                                          '01' WAS POPULATED BACK TO NCH WEEKLY PROCESS DATE
                                                          2/9/96 BASED ON THE RUGS PHASE INDICATOR (STORED
                                                          IN CLAIM EDIT GROUP, 3RD OCCURRENCE, 4TH POSITION,
                                                          IN VERSION G).

                                                          02 = NATIONAL HHA PROSPECTIVE PAYMENT DEMO --
                                                               TESTING PPS FOR HHAS IN 5 STATES, USING TWO
                                                               ALTERNATE METHODS OF PAYING HHAS: PER VISIT
                                                               BY TYPE OF HHA VISIT AND PER EPISODE OF HH
                                                               CARE.

                                                          NOTE1: EFFECTIVE FOR HHA CLAIMS WITH NCH WEEKLY
                                                          PROCESS DATE AFTER 5/31/95 -- BEGINNING 4/97,
                                                          DEMO ID '02' WAS DERIVED IN NCH BASED ON HCFA/
                                                          CHPP-SUPPLIED LISTING OF PROVIDER # AND START/
                                                          STOP DATES OF PARTICIPANTS.

                                                          NOTE2: DURING THE VERSION H CONVERSION, DEMO ID
                                                          '02' WAS POPULATED BACK TO NCH WEEKLY PROCESS
                                                          DATE 6/95 BASED ON THE CHPP CRITERIA.

                                                          03 = TELEMEDICINE DEMO -- TESTING COVERING TRADI-
                                                               TIONALLY NONCOVERED PHYSICIAN SERVICES FOR

```
                                         MEDICAL CONSULTATION FURNISHED VIA TWO-WAY, INTE
                                         ACTIVE VIDEO SYSTEMS (I.E. TELECONSULTATION)
                                         IN 4 STATES.  THE CLAIMS CONTAIN LINE ITEMS
                                         WITH 'QQ' HCPCS CODE.

                                  NOTE1:  EFFECTIVE FOR PHYSICIAN/SUPPLIER (NONDMERC)
                                  CLAIMS WITH NCH WEEKLY PROCESS DATE AFTER 12/31/96
                                  (AND SERVICE DATE AFTER 9/30/96) -- SINCE 7/97,
                                  CWF HAS BEEN ADDING DEMO ID '03' TO CLAIM.

                                  NOTE2:  DURING VERSION H CONVERSION, DEMO ID '03'
                                  WAS POPULATED BACK TO NCH WEEKLY PROCESS DATE 1/97
                                  BASED ON THE PRESENCE OF 'QQ' HCPCS ON ONE OR MORE
                                  LINE ITEMS.

                                  04 = UNITED MINE WORKERS OF AMERICA (UMWA) MANAGED
                                         CARE DEMO -- TESTING RISK SHARING FOR PART A
                                         SERVICES, PAYING SPECIAL CAPITATION RATES FOR
                                         ALL UMWA BENEFICIARIES RESIDING IN 13 DESIG-
                                         NATED COUNTIES IN 3 STATES.   UNDER THE DEMO,
                                         UMWA WILL WAIVE THE 3-DAY QUALIFYING HOSPITAL
                                         STAY FOR A SNF ADMISSION.   THE CLAIMS CONTAIN
                                         TOB '18X','21X','28X' AND '51X'; CONDITION
1                        CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                      POSITIONS
          NAME                TYPE  LENGTH BEG   END                        CONTENTS
----------------------------  ----  ------ ---------  ----------------------------------------------------
                                         CODE = W0; CLAIM MCO PAID SWITCH = NOT '0';
                                         AND MCO CONTRACT # = '90091'.

                                  NOTE:  INITIALLY SCHEDULED TO BE IMPLEMENTED FOR
                                  ALL SNF CLAIMS FOR ADMISSION OR SERVICES ON
                                  1/1/97 OR LATER, CWF DID NOT TRANSMIT ANY DEMO
                                  ID '04' ANNOTATED CLAIMS UNTIL ON OR ABOUT 2/98.

                                  05 = MEDICARE CHOICES (MCO ENCOUNTER DATA) DEMO --
                                         TESTING EXPANDING THE TYPE OF MANAGED CARE
                                         PLANS AVAILABLE AND DIFFERENT PAYMENT METHODS
                                         AT 16 MCOS IN 9 STATES.  THE CLAIMS CONTAIN
                                         ONE OF THE SPECIFIC MCO PLAN CONTRACT #
                                         ASSIGNED TO THE CHOICES DEMO SITE.

                                  NOTE1:  EFFECTIVE FOR ALL CLAIM TYPES WITH NCH
```

WEEKLY PROCESS DATE AFTER 7/31/97 -- CWF ADDS
DEMO ID '05' TO CLAIM BASED ON THE PRESENCES OF
THE MCO PLAN CONTRACT #.

NOTE2: DURING THE VERSION H CONVERSION, DEMO ID
'05' WAS POPULATED BACK TO NCH WEEKLY PROCESS
DATE 8/97 BASED ON THE PRESENCE OF THE CHOICES
INDICATOR (STORED AS AN ALPHA CHARACTER CROSS-
WALKED FROM MCO PLAN CONTRACT # IN THE CLAIM
EDIT GROUP, 4TH OCCURRENCE, 2ND POSITION, IN
VERSION 'G').

06 = CORONARY ARTERY BYPASS GRAFT (CABG) DEMO --
      TESTING BUNDLED PAYMENT (ALL-INCLUSIVE GLOBAL
      PRICING) FOR HOSPITAL + PHYSICIAN SERVICES
      RELATED TO CABG SURGERY IN 7 HOSPITALS IN 7
      STATES. THE INPATIENT CLAIMS CONTAIN A DRG
      '106' OR '107'.

NOTE1: EFFECTIVE FOR INPATIENT CLAIMS AND
PHYSICIAN/SUPPLIER CLAIMS WITH CLAIM EDIT DATE
NO EARLIER THAN 6/1/91 (NOT ALL CABG SITES
STARTED AT THE SAME TIME) -- ON 5/1/97, CWF
STARTED TRANSMITTING DEMO ID '06' ON THE CLAIM.
THE FI ADDS THE ID TO THE CLAIM BASED ON THE
PRESENCE OF DRG '106' OR '107' FROM SPECIFIC
PROVIDERS FOR SPECIFIED TIME PERIODS; THE
CARRIER ADDS THE ID TO THE CLAIM BASED ON
RECEIVING 'DAILY CENSUS LIST' FROM PARTI-
CIPATING HOSPITALS. DEMO ID '06' WILL END
ONCE DEMO ID '07' IS IMPLEMENTED.

NOTE2: DURING THE VERSION H CONVERSION, ANY
CLAIMS WHERE MEDICARE IS THE PRIMARY PAYER
THAT WERE NOT ALREADY IDENTIFIED AS DEMO ID
'06' (STORED IN THE REDEFINED CLAIM EDIT
GROUP, 4TH OCCURRENCE, POSITIONS 3 AND 4,
VERSION G) WERE ANNOTATED BASED ON THE FOLLOW-
ING CRITERIA: INPATIENT - PRESENCE OF DRG '106'
OR '107' AND A PROVIDER NUMBER=220897, 150897,

 1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                          POSITIONS
            NAME   TYPE LENGTH BEG END   CONTENTS

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                                                        380897,450897,110082,230156 OR 360085 FOR
                                                        SPECIFIED SERVICE DATES; NONINSTITUTIONAL -
                                                        PRESENCE OF HCPCS MODIFIER (INITIAL AND/OR
                                                        SECOND) = 'Q2' AND A CARRIER NUMBER =00700/31143
                                                        00630,01380,00900,01040/00511,00710,00623, OR
                                                        13630 FOR SPECIFIED SERVICE DATES.

                                                        07 = PARTICIPATING CENTERS OF EXCELLENCE (PCOE)
                                                             DEMO -- TESTING A NEGOTIATED ALL-INCLUSIVE
                                                             PRICING ARRANGEMENT (BUNDLED RATES) FOR HIGH-
                                                             COST ACUTE CARE CARDIOVASCULAR AND ORTHOPEDIC
                                                             PROCEDURES PERFORMED IN 60-100 PREMIER FACILI-
                                                             TIES IN THE CHICAGO AND SAN FRANCISCO REGIONS
                                                             OR BY CURRENT CABG PROVIDERS.  THE INPATIENT
                                                             CLAIMS WILL CONTAIN A DRG '104','105','106',
                                                             '107','112','124','125','209',OR '471'; THE
                                                             RELATED PHYSICIAN/SUPPLIER CLAIMS WILL CONTAIN
                                                             THE CLAIM PAYMENT DENIAL REASON CODE = 'D'.

                                                        NOTE:  THE DEMO IS ON HOLD.  THE FI AND CARRIER WILL
                                                        ADD DEMO ID '07' TO CLAIM.

                                                        08 = PROVIDER PARTNERSHIP DEMO -- TESTING PER-CASE
                                                             PAYMENT APPROACHES FOR ACUTE INPATIENT
                                                             HOSPITALIZATIONS, MAKING A LUMP-SUM PAYMENT
                                                             (COMBINING THE NORMAL PART A PPS PAYMENT WITH
                                                             THE PART B ALLOWED CHARGES INTO A SINGLE FEE
                                                             SCHEDULE) TO A PHYSICIAN/HOSPITAL ORGANIZATION
                                                             FOR ALL PART A AND PART B SERVICES ASSOCIATED
                                                             WITH A HOSPITAL ADMISSION.  FROM 3 TO 6 HOSPITAL
                                                             IN THE NORTHEAST AND MID-ATLANTIC REGIONS MAY
                                                             PARTICIPATE IN THE DEMO.

                                                        NOTE:  THE DEMO IS ON HOLD.  THE FI AND CARRIER WILL
                                                        ADD DEMO ID '08' TO CLAIM.

                                                        15 = ESRD MANAGED CARE (MCO ENCOUNTER DATA) --
                                                             TESTING OPEN ENROLLMENT OF ESRD BENEFICIARIES
                                                             AND CAPITATION RATES ADJUSTED FOR PATIENT
                                                             TREATMENT NEEDS AT 3 MCOS IN 3 STATES.  THE
                                                             CLAIMS CONTAIN ONE OF THE SPECIFIC MCO PLAN
                                                             CONTRACT # ASSIGNED TO THE ESRD DEMO SITE.
```

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                                         NOTE:  EFFECTIVE 10/1/97 (BUT NOT ACTUALLY IMPLE-
                                         MENTED AT A SITE UNTIL 1/1/98) FOR ALL CLAIM
                                         TYPES -- THE FI AND CARRIER ADD DEMO ID '15' TO
                                         CLAIM BASED ON THE PRESENCE OF THE MCO PLAN
                                         CONTRACT #.

                                         30 = LUNG VOLUME REDUCTION SURGERY (LVRS) OR
                                              NATIONAL EMPHYSEMA TREATMENT TRIAL (NETT)
                                              CLINICAL STUDY -- EVALUATING THE EFFECTIVE-
                                              NESS OF LVRS AND MAXIMUM MEDICAL THERAPY (IN-
                                              CLUDING PULMONARY REHAB) FOR MEDICARE BENE-
                                              FICIARIES IN LAST STAGES OF EMPHYSEMA AT 18
                                              HOSPITALS NATIONALLY, IN COLLABORATION WITH
   1                         CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                            POSITIONS
           NAME                 TYPE  LENGTH BEG  END                          CONTENTS
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                                              NIH.

                                         NOTE:  EFFECTIVE FOR ALL CLAIM TYPES (EXCEPT DMERC)
                                         WITH NCH WEEKLY PROCESS DATE AFTER 2/27/98 (AND
                                         SERVICE DATE AFTER 10/31/97) -- THE FI ADDS DEMO ID
                                         '30' BASED ON THE PRESENCE OF A CONDITION CODE = EY;
                                         THE PARTICIPATING PHYSICIAN (NOT THE CARRIER) ADDS
                                         ID TO THE NONINSTITUTIONAL CLAIM.  DUE TO THE SEN-
                                         SITIVE NATURE OF THIS CLINICAL TRIAL AND UNDER THE
                                         TERMS OF THE INTERAGENCY AGREEMENT WITH NIH, THESE
                                         CLAIMS ARE PROCESSED BY CWF AND TRANSMITTED TO
                                         HCFA BUT NOT STORED IN THE NEARLINE FILE (ACCESS
                                         IS RESTRICTED TO STUDY EVALUATORS ONLY).

                                         31 = VA PRICING SPECIAL PROCESSING (SPN) -- NOT REALL
                                              A DEMO BUT SPECIAL REQUEST FROM VA DUE TO
                                              COURT SETTLEMENT; NOT MEDICARE SERVICES BUT
                                              VA INPATIENT AND PHYSICIAN SERVICES SUBMITTED
                                              TO FI 00400 AND CARRIER 00900 TO OBTAIN
                                              MEDICARE PRICING -- CWF WILL PROCESS VA
                                              CLAIMS ANNOTATED WITH DEMO ID '31', BUT WILL
                                              NOT TRANSMIT TO HCFA (NOT IN NEARLINE FILE).

                                         37 = MEDICARE COORDINATED CARE DEMONSTRATION -- TO TE
                                              WHETHER COORDINATED CARE SERVICES FURNISHED TO
                                              CERTAIN BENEFICIARIES IMPROVE OUTCOMES OF CARE
```

AND REDUCE MEDICARE EXPENDITURES UNDER PART A AN
PART B. THERE WILL BE AT LEAST 9 COORDINATED
CARE ENTITIES (CCES). THE SELECTED ENTITIES WIL
BE ASSIGNED A PROVIDER NUMBER SPECIFICALLY FOR T
DEMONSTRATION SERVICES.

NOTE: THE DEMO IS ON HOLD. THE FI AND CARRIER WILL
ADD DEMO ID '37' TO CLAIM.

38 = PHYSICIAN ENCOUNTER CLAIMS - THE PURPOSE OF THIS
     DEMO ID IS TO IDENTIFY THE PHYSICIAN ENCOUNTER
     CLAIMS BEING PROCESSED AT THE HCFA DATA CENTER (
     THIS NUMBER WILL HELP EDS IN MAKING THE CLAIM GO
     THROUGH THE APPROPRIATE PROCESSING LOGIC, WHICH
     DIFFERS FROM THAT FOR FEE-FOR-SERVICE. **NOT
     IN NCH -- AVAILABLE IN NMUD.**

NOTE: EFFECTIVE OCTOBER, 2000. DEMO IDS WILL NOT BE
ASSIGNED TO INPATIENT AND OUTPATIENT ENCOUNTER CLAIMS

39 = CENTRALIZED BILLING OF FLU AND PPV CLAIMS -- THE
     PURPOSE OF THIS DEMO IS TO FACILITATE THE PROCES
     CARRIER, TRAILBLAZERS, PAYING FLU AND PPV CLAIMS
     BASED ON PAYMENT LOCALITIES. PROVIDERS WILL BE
     GIVING THE SHOTS THROUGHOUT THE COUNTRY AND TRAN
     MITTING THE CLAIMS TO TRAILBLAZERS FOR PROCESSIN

NOTE: EFFECTIVE OCTOBER, 2000 FOR CARRIER CLAIMS.

DB2 ALIAS: CLM_DEMO_ID_NUM

1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

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                                         POSITIONS
          NAME                TYPE  LENGTH BEG   END                          CONTENTS
------------------------------ ---- ------ ---------  ------------------------------------------------
                                                     SAS ALIAS: DEMONUM
                                                     STANDARD ALIAS: CLM_DEMO_ID_NUM
                                                     TITLE ALIAS: DEMO_ID

                                                     SOURCE:
                                                     CWF

 95. CLAIM DEMONSTRATION       CHAR    15            EFFECTIVE WITH VERSION H, THE TEXT FIELD THAT
     INFORMATION TEXT                                CONTAINS RELATED DEMO INFORMATION.  FOR EXAMPLE,
```

A CLAIM INVOLVING A CHOICES DEMO ID '05' WOULD
CONTAIN THE MCO PLAN CONTRACT NUMBER IN THE FIRST
FIVE POSITIONS OF THIS TEXT FIELD.

NOTE: DURING THE VERSION H CONVERSION THIS
FIELD WAS POPULATED WITH DATA THROUGHOUT
HISTORY.

DB2 ALIAS: CLM_DEMO_INFO_TXT
SAS ALIAS: DEMOTXT
STANDARD ALIAS: CLM_DEMO_INFO_TXT
TITLE ALIAS: DEMO_INFO

DERIVATION:
DERIVATION RULES:
DEMO ID = 01 (RUGS) -- THE TEXT FIELD WILL CONTAIN
A 2, 3 OR 4 TO DENOTE THE RUGS PHASE. IF RUGS PHASE
IS BLANK OR NOT ONE OF THE ABOVE THE TEXT FIELD
WILL REFLECT 'INVALID'. NOTE: IN VERSION 'G', RUGS
PHASE WAS STORED IN REDEFINED CLAIM EDIT GROUP,
3RD OCCURRENCE, 4TH POSITION.

DEMO ID = 02 (HOME HEALTH DEMO) -- THE TEXT FIELD
WILL CONTAIN PROV#. WHEN DEMO NUMBER NOT EQUAL TO
02 THEN TEXT WILL REFLECT 'INVALID'.

DEMO ID = 03 (TELEMEDICINE DEMO) -- TEXT FIELD WILL
CONTAIN THE HCPCS CODE. IF THE REQUIRED HCPCS IS
NOT SHOWN THEN THE TEXT FIELD WILL REFLECT
'INVALID'.

DEMO ID = 04 (UMWA) -- TEXT FIELD WILL CONTAIN
W0 DENOTING THAT CONDITION CODE W0 WAS PRESENT.
IF CONDITION CODE W0 NOT PRESENT THEN THE TEXT
FIELD WILL REFLECT 'INVALID'.

DEMO ID = 05 (CHOICES) -- THE TEXT FIELD WILL CON-
TAIN THE CHOICES PLAN NUMBER, IF BOTH OF THE FOLLOW-
ING CONDITIONS ARE MET: (1) CHOICES PLAN NUMBER
PRESENT AND PPS OR INPATIENT CLAIM SHOWS THAT 1ST
3 POSITIONS OF PROVIDER NUMBER AS '210' AND THE
ADMISSION DATE IS WITHIN HMO EFFECTIVE/TERMINATION
DATE; OR NON-PPS CLAIM AND THE FROM DATE IS WITHIN

```
                                                HMO EFFECTIVE/TERMINATION DATE AND (2) CHOICES
                                                PLAN NUMBER MATCHES THE HMO PLAN NUMBER.  IF
                                                EITHER CONDITION IS NOT MET THE TEXT FIELD WILL
 1                              CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                       POSITIONS
                NAME                TYPE  LENGTH BEG  END                        CONTENTS
     ----------------------------  ----  ------ ---------  -------------------------------------------------
                                                REFLECT 'INVALID CHOICES PLAN NUMBER'.  WHEN
                                                CHOICES PLAN NUMBER NOT PRESENT, TEXT WILL RE-
                                                FLECT 'INVALID'.

                                                NOTE:  IN VERSION 'G', A VALID CHOICES PLAN ID IS
                                                STORED AS ALPHA CHARACTER IN REDEFINED CLAIM
                                                EDIT GROUP, 4TH OCCURRENCE, 2ND POSITION.  IF
                                                INVALID, CHOICES INDICATOR 'ZZ' DISPLAYED.

                                                DEMO ID = 15 (ESRD MANAGED CARE) -- TEXT FIELD
                                                WILL CONTAIN THE ESRD/MCO PLAN NUMBER.  IF ESRD/
                                                MCO PLAN NUMBER NOT PRESENT THE FIELD WILL
                                                REFLECT 'INVALID'.

                                                DEMO ID = 38 (PHYSICIAN ENCOUNTER CLAIMS) --
                                                TEXT FIELD WILL CONTAIN THE MCO PLAN NUMBER.
                                                WHEN MCO PLAN NUMBER NOT PRESENT THE FIELD WILL
                                                REFLECT 'INVALID'.


                                                SOURCE:
                                                CWF

     ****   CARRIER CLAIM DIAGNOSIS    GROUP    7         OCCURS: UP TO 4 TIMES
            GROUP                                                 DEPENDING ON CARR_CLM_DGNS_CD_CNT

                                                STANDARD ALIAS: CARR_CLM_DGNS_GRP

      96. NCH DIAGNOSIS TRAILER        CHAR     1         EFFECTIVE WITH VERSION H, THE CODE INDICATING
           INDICATOR CODE                                 THE PRESENCE OF A DIAGNOSIS TRAILER.

                                                NOTE:  DURING THE VERSION H CONVERSION THIS FIELD
                                                WAS POPULATED THROUGHOUT HISTORY (BACK TO SERVICE
                                                YEAR 1991).

                                                DB2 ALIAS: DGNS_TRLR_IND_CD
```

```
                                           SAS ALIAS: DGNSIND
                                           STANDARD ALIAS: NCH_DGNS_TRLR_IND_CD

                                           CODES:
                                           Y = DIAGNOSIS CODE TRAILER PRESENT

                                           SOURCE:
                                           NCH

  97. CLAIM DIAGNOSIS CODE          CHAR      5         THE ICD-9-CM BASED CODE IDENTIFYING THE
                                                        BENEFICIARY'S PRINCIPAL OR OTHER DIAGNOSIS
                                                        (INCLUDING E CODE).

                                           NOTE:
                                           PRIOR TO VERSION H, THE PRINCIPAL DIAGNOSIS
                                           CODE WAS NOT STORED WITH THE 'OTHER' DIAGNOSIS
                                           CODES.  DURING THE VERSION H CONVERSION THE
                                           CLM_PRNCPAL_DGNS_CD WAS ADDED AS THE FIRST
                                           OCCURRENCE.

  1                         CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                          POSITIONS
             NAME                 TYPE  LENGTH BEG  END                      CONTENTS
    ---------------------------- ---- ------ --------  ----------------------------------------------------
                                           DB2 ALIAS: CLM_DGNS_CD
                                           SAS ALIAS: DGNS_CD
                                           STANDARD ALIAS: CLM_DGNS_CD
                                           TITLE ALIAS: DIAGNOSIS

                                           EDIT-RULES:
                                           ICD-9-CM

                                           COMMENT:
                                           PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                           CLM_OTHR_DGNS_CD.

  98. FILLER                       CHAR      1

 ****   CARRIER LINE ITEM GROUP    GROUP    294         THE LINE ITEM TRAILER GROUP MAY OCCUR
                                                        MULTIPLE TIMES IN ONE CARRIER CLAIM.  UP TO 13
                                                        OCCURRENCES MAY BE PRESENT.

                                           OCCURS: UP TO 13 TIMES
```

                                                   DEPENDING ON CARR_CLM_LINE_CNT

                                                   STANDARD ALIAS: CARR_LINE_GRP

 99. NCH LINE ITEM TRAILER   CHAR   1   EFFECTIVE WITH VERSION H, THE CODE INDICATING
     INDICATOR CODE   THE PRESENCE OF A LINE ITEM TRAILER ON THE NON-
                                                   INSTITUTIONAL CLAIM.

                                                   NOTE: DURING THE VERSION H CONVERSION THIS FIELD
                                                   WAS POPULATED THROUGHOUT HISTORY (BACK TO SERVICE
                                                   YEAR 1991).

                                                   DB2 ALIAS: LINE_TRLR_IND_CD
                                                   SAS ALIAS: LINEIND
                                                   STANDARD ALIAS: NCH_LINE_TRLR_IND_CD

                                                   CODES:
                                                   L = LINE ITEM TRAILER PRESENT
                                                   BLANK = NO TRAILER PRESENT

                                                   SOURCE:
                                                   NCH

100. CARRIER LINE PERFORMING PIN CHAR   10   THE PROFILING IDENTIFICATION NUMBER (PIN) OF THE
     NUMBER   PHYSICIAN\SUPPLIER WHO PERFORMED THE SERVICE
                                                   FOR THIS LINE ITEM ON THE CARRIER CLAIM
                                                   (NON-DMERC).

                                                   COMMON ALIAS: PHYSICIAN/SUPPLIER_PROVIDER_NUM
                                                   DB2 ALIAS: LINE_PRFRMG_PIN
                                                   SAS ALIAS: PRF_PRFL
                                                   STANDARD ALIAS: CARR_LINE_PRFRMG_PIN_NUM
                                                   TITLE ALIAS: PRFRMG_PIN

                                                   COMMENT:
                                                   PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                   CWFB_PRFRMG_PRVDR_PRFLG_NUM.
 1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                            POSITIONS
                 NAME   TYPE LENGTH BEG END   CONTENTS
       ---------------------------- ---- ------ -------- --

                                                   SOURCE:

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                                                               CWF

    101.  CARRIER LINE PERFORMING      CHAR     6            THE UNIQUE PHYSICIAN IDENTIFICATION NUMBER
          UPIN NUMBER                                        (UPIN) OF THE PHYSICIAN WHO PERFORMED THE
                                                             SERVICE FOR THIS LINE ITEM ON THE CARRIER
                                                             CLAIM (NON-DMERC).

                                                             DB2 ALIAS: LINE_PRFRMG_UPIN
                                                             SAS ALIAS: PRF_UPIN
                                                             STANDARD ALIAS: CARR_LINE_PRFRMG_UPIN_NUM
                                                             TITLE ALIAS: PRFRMG_UPIN

                                                             COMMENT:
                                                             PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                             CWFB_PRFRMG_PRVDR_UPIN_NUM.

                                                             SOURCE:
                                                             CWF

    102.  CARRIER LINE PERFORMING NPI  CHAR    10            A PLACEHOLDER FIELD (EFFECTIVE WITH VERSION H)
          NUMBER                                             FOR STORING THE NPI ASSIGNED TO THE PERFORMING
                                                             PROVIDER.

                                                             COMMON ALIAS: PERFORMING_PROVIDER_NPI
                                                             DB2 ALIAS: LINE_PRFRMG_NPI
                                                             SAS ALIAS: PRFNPI
                                                             STANDARD ALIAS: CARR_LINE_PRFRMG_NPI_NUM
                                                             TITLE ALIAS: PRFRMG_NPI

                                                             SOURCE:
                                                             CWF

    103.  CARRIER LINE PERFORMING      CHAR    10            A PLACEHOLDER FIELD (EFFECTIVE WITH VERSION H)
          GROUP NPI NUMBER                                   FOR STORING THE NPI ASSIGNED TO A GROUP PRACTICE,
                                                             WHERE THE PERFORMING PHYSICIAN IS PART OF THAT
                                                             GROUP.  IF THE PHYSICIAN IS NOT PART OF A GROUP,
                                                             THIS FIELD WILL BE BLANK.

                                                             DB2 ALIAS: PRFRMG_GRP_NPI
                                                             SAS ALIAS: PRGRPNPI
                                                             STANDARD ALIAS: CARR_LINE_PRFRMG_GRP_NPI_NUM
                                                             TITLE ALIAS: PRFRMG_GROUP_NPI

                                                             SOURCE:
```

```
                                                          CWF

   104.  CARRIER LINE PROVIDER TYPE   CHAR     1           CODE IDENTIFYING THE TYPE OF PROVIDER
         CODE                                             FURNISHING THE SERVICE FOR THIS LINE ITEM
                                                          ON THE CARRIER CLAIM (NON-DMERC).

                                                          DB2 ALIAS: LINE_PRVDR_TYPE_CD
                                                          SAS ALIAS: PRV_TYPE
                                                          STANDARD ALIAS: CARR_LINE_PRVDR_TYPE_CD
                                                          TITLE ALIAS: PRVDR_TYPE
1                          CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                              POSITIONS
              NAME                 TYPE  LENGTH BEG  END                          CONTENTS
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                                                          CODES:
                                                            REFER TO: CARR_LINE_PRVDR_TYPE_TB
                                                                      IN THE CODES APPENDIX

                                                          COMMENT:
                                                          PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                          CWFB_PRVDR_TYPE_CD.

                                                          SOURCE:
                                                          CWF

   105.  LINE PROVIDER TAX NUMBER    CHAR    10           SOCIAL SECURITY NUMBER OR EMPLOYEE
                                                          IDENTIFICATION NUMBER OF PHYSICIAN/SUPPLIER
                                                          USED TO IDENTIFY TO WHOM PAYMENT IS MADE FOR
                                                          THE LINE ITEM SERVICE ON THE NONINSTITUTIONAL
                                                          CLAIM.

                                                          DB2 ALIAS: LINE_PRVDR_TAX_NUM
                                                          SAS ALIAS: TAX_NUM
                                                          STANDARD ALIAS: LINE_PRVDR_TAX_NUM
                                                          TITLE ALIAS: PRVDR_TAX_NUM

                                                          COMMENT:
                                                          PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                          CWFB_PRVDR_TAX_NUM.

                                                          SOURCE:
                                                          CWF
```

```
106.  LINE NCH PROVIDER STATE      CHAR     2              EFFECTIVE WITH VERSION H, THE TWO POSITION
      CODE                                                 SSA STATE CODE WHERE PROVIDER FACILITY IS
                                                           LOCATED.

                                                           NOTE:  DURING THE VERSION H CONVERSION THIS FIELD
                                                           WAS POPULATED WITH DATA THROUGHOUT HISTORY (BACK
                                                           TO SERVICE YEAR 1991).

                                                           DB2 ALIAS: LINE_PRVDR_STATE
                                                           SAS ALIAS: PRVSTATE
                                                           STANDARD ALIAS: LINE_NCH_PRVDR_STATE_CD
                                                           TITLE ALIAS: PRVDR_STATE

                                                           DERIVATION:
                                                           DERIVED FROM:
                                                             CARR_LINE_PRFRMG_PRVDR_ZIP_CD

                                                           DERIVATION RULES:

                                                           USE THE FIRST THREE POSITIONS OF THE PROVIDER
                                                           ZIP CODE TO DERIVE THE LINE_NCH_PRVDR_STATE_CD
                                                           FROM A CROSSWALK FILE.   WHERE A MATCH IS NOT
                                                           ACHIEVED THIS FIELD WILL BE BLANK.

                                                           CODES:
                                                             REFER TO: GEO_SSA_STATE_TB
  1                         CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                          POSITIONS
            NAME                 TYPE  LENGTH BEG  END                             CONTENTS
  ---------------------------- ---- ------ --------  -------------------------------------------------
                                                           IN THE CODES APPENDIX

                                                           SOURCE:
                                                           NCH

107.  CARRIER LINE PERFORMING      CHAR     9              THE ZIP CODE OF THE PHYSICIAN/SUPPLIER WHO
      PROVIDER ZIP CODE                                    PERFORMED THE PART B SERVICE FOR THIS LINE
                                                           ITEM ON THE CARRIER CLAIM (NON-DMERC).

                                                           DB2 ALIAS: LINE_PRVDR_ZIP_CD
                                                           SAS ALIAS: PROVZIP
                                                           STANDARD ALIAS: CARR_LINE_PRFRMG_PRVDR_ZIP_CD
```

TITLE ALIAS: PRVDR_ZIP_CD

COMMENT:
PRIOR TO VERSION H THIS FIELD WAS NAMED:
CWFB_PRFRMG_PRVDR_ZIP_CD AND THE FIELD SIZE
WAS S9(9).

SOURCE:
CWF

108. LINE HCFA PROVIDER   CHAR   2   HCFA SPECIALTY CODE USED FOR PRICING THE
     SPECIALTY CODE   LINE ITEM SERVICE ON THE NONINSTITUTIONAL
                                                    CLAIM.

                                                    DB2 ALIAS: HCFA_SPCLTY_CD
                                                    SAS ALIAS: HCFASPCL
                                                    STANDARD ALIAS: LINE_HCFA_PRVDR_SPCLTY_CD
                                                    TITLE ALIAS: HCFA_PRVDR_SPCLTY

                                                    CODES:
                                                       REFER TO: HCFA_PRVDR_SPCLTY_TB
                                                                 IN THE CODES APPENDIX

                                                    COMMENT:
                                                    PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                    CWFB_HCFA_PRVDR_SPCLTY_CD.

                                                    SOURCE:
                                                    CWF

109. CARRIER LINE PROVIDER   CHAR   2   THE CARRIER'S SPECIALTY CODE FOR THE PROVIDER
     SPECIALTY CODE   (USUALLY DIFFERENT FROM HCFA'S) USED FOR
                                                    PRICING THE SERVICE FOR THIS LINE ITEM ON
                                                    THE CARRIER CLAIM (NON-DMERC).

                                                    DB2 ALIAS: PRVDR_SPCLTY_CD
                                                    SAS ALIAS: CARRSPCL
                                                    STANDARD ALIAS: CARR_LINE_PRVDR_SPCLTY_CD
                                                    TITLE ALIAS: CARR_PRVDR_SPCLTY

                                                    EDIT-RULES:
                                                    CARRIER INFORMATION FILE

                                                    COMMENT:

```
1                       CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                              POSITIONS
             NAME                   TYPE  LENGTH BEG  END                         CONTENTS
    ----------------------------   ----  ------ ---------  -------------------------------------------------
                                                           PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                           CWFB_CARR_PRVDR_SPCLTY_CD.

                                                           SOURCE:
                                                           CWF

    110. LINE PROVIDER PARTICIPATING  CHAR    1              CODE INDICATING WHETHER OR NOT A PROVIDER IS
         INDICATOR CODE                                      PARTICIPATING OR ACCEPTING ASSIGNMENT FOR THIS
                                                             LINE ITEM SERVICE ON THE NONINSTITUTIONAL CLAIM.

                                                             DB2 ALIAS: PRVDR_PRTCPTG_CD
                                                             SAS ALIAS: PRTCPTG
                                                             STANDARD ALIAS: LINE_PRVDR_PRTCPTG_IND_CD
                                                             TITLE ALIAS: PRVDR_PRTCPTG_IND

                                                             CODES:
                                                               REFER TO: LINE_PRVDR_PRTCPTG_IND_TB
                                                                         IN THE CODES APPENDIX

                                                             COMMENT:
                                                             PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                             CWFB_PRVDR_PRTCPTG_IND_CD.

                                                             SOURCE:
                                                             CWF

    111. CARRIER LINE REDUCED         CHAR    1              EFFECTIVE 1/92, THE CODE ON THE CARRIER (NON-DMERC)
         PAYMENT PHYSICIAN ASSISTANT                         LINE ITEM THAT IDENTIFIES CLAIMS THAT HAVE BEEN
         CODE                                                PAID A REDUCED FEE SCHEDULE AMOUNT (65%, 75% OR 85%)
                                                             BECAUSE A PHYSICIAN'S ASSISTANT PERFORMED THE
                                                             SERVICES.

                                                             COMMON ALIAS: PA_65/75/85%_FEE
                                                             DB2 ALIAS: PHYSN_ASTNT_CD
                                                             SAS ALIAS: ASTNT_CD
                                                             STANDARD ALIAS: CARR_LINE_RDCD_PHYSN_ASTNT_CD
                                                             TITLE ALIAS: PHYSN_ASTNT_CD

                                                             CODES:
```

```
                                          REFER TO: CARR_LINE_RDCD_PHYSN_ASTNT_TB
                                                  IN THE CODES APPENDIX


                                          COMMENT:
                                          PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                          CWFB_RDCD_PMT_PHYSN_ASTNT_CD.


                                          SOURCE:
                                          CWF

  112. LINE SERVICE COUNT          PACK     2      THE COUNT OF THE TOTAL NUMBER OF SERVICES
                                                   PROCESSED FOR THE LINE ITEM ON THE NON-INSTITUTIONAL
                                                   CLAIM.

                                          3 DIGITS SIGNED

                                          DB2 ALIAS: SRVC_CNT
1                      CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                      POSITIONS
               NAME                TYPE  LENGTH BEG   END                          CONTENTS
       ---------------------------- ---- ------ --------- -----------------------------------------------------
                                                   SAS ALIAS: SRVC_CNT
                                                   STANDARD ALIAS: LINE_SRVC_CNT


                                          COMMENT:
                                          PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                          CWFB_SRVC_CNT.


                                          SOURCE:
                                          CWF

  113. LINE HCFA TYPE SERVICE CODE  CHAR     1      CODE INDICATING THE TYPE OF SERVICE, AS DEFINED
                                                   IN THE HCFA MEDICARE CARRIER MANUAL, FOR THIS
                                                   LINE ITEM ON THE NON-INSTITUTIONAL CLAIM.

                                          DB2 ALIAS: HCFA_TYPE_SRVC_CD
                                          SAS ALIAS: TYPSRVCB
                                          STANDARD ALIAS: LINE_HCFA_TYPE_SRVC_CD
                                          SYSTEM ALIAS: LTTOS
                                          TITLE ALIAS: HCFA_TYPE_SRVC


                                          EDIT-RULES:
                                          THE ONLY TYPE OF SERVICE CODES APPLICABLE TO DMERC
```

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                                              CLAIMS ARE: 1, 9, A, E, G, H, J, K, L, M, P,
                                              R, AND S.

                                              CODES:
                                                REFER TO: HCFA_TYPE_SRVC_TB
                                                          IN THE CODES APPENDIX

                                              COMMENT:
                                              PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                              CWFB_HCFA_TYPE_SRVC_CD.

                                              SOURCE:
                                              CWF

  114. CARRIER LINE TYPE SERVICE   CHAR    2      CARRIER'S TYPE OF SERVICE CODE (USUALLY
       CODE                                       DIFFERENT FROM HCFA'S) USED FOR PRICING THE
                                                  SERVICE REPORTED ON THE LINE ITEM ON THE
                                                  CARRIER CLAIM (NON-DMERC).

                                              DB2 ALIAS: LINE_TYPE_SRVC_CD
                                              SAS ALIAS: PTYPESRV
                                              STANDARD ALIAS: CARR_LINE_TYPE_SRVC_CD
                                              TITLE ALIAS: CARR_TYPE_SRVC

                                              COMMENT:
                                              PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                              CWFB_CARR_TYPE_SRVC_CD.

                                              SOURCE:
                                              CWF

  115. LINE PLACE OF SERVICE CODE   CHAR    2      THE CODE INDICATING THE PLACE OF SERVICE, AS
                                                  DEFINED IN THE MEDICARE CARRIER MANUAL, FOR
                                                  THIS LINE ITEM ON THE NONINSTITUTIONAL CLAIM.
1                         CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                       POSITIONS
             NAME                TYPE  LENGTH BEG  END                        CONTENTS
    ----------------------------  ----  ------ --------  ----------------------------------------------------

                                              COMMON ALIAS: POS
                                              DB2 ALIAS: LINE_PLC_SRVC_CD
                                              SAS ALIAS: PLCSRVC
                                              STANDARD ALIAS: LINE_PLC_SRVC_CD
```

TITLE ALIAS: PLC_SRVC

CODES:
  REFER TO: LINE_PLC_SRVC_TB
           IN THE CODES APPENDIX

COMMENT:
PRIOR TO VERSION H THIS FIELD WAS NAMED:
CWFB_PLC_SRVC_CD.

SOURCE:
CWF

116. CARRIER LINE PRICING   CHAR   2   CODE DENOTING THE CARRIER-SPECIFIC LOCALITY
     LOCALITY CODE   USED FOR PRICING THE SERVICE FOR THIS LINE
                                                ITEM ON THE CARRIER CLAIM (NON-DMERC).

DB2 ALIAS: PRCNG_LCLTY_CD
SAS ALIAS: LCLTY_CD
STANDARD ALIAS: CARR_LINE_PRCNG_LCLTY_CD
TITLE ALIAS: PRICING_LOCALITY

EDIT-RULES:
CARRIER INFORMATION FILE

COMMENT:
PRIOR TO VERSION H THIS FIELD WAS NAMED:
CWFB_CARR_PRCNG_LCLTY_CD.

SOURCE:
CWF

117. LINE FIRST EXPENSE DATE   NUM   8   BEGINNING DATE (1ST EXPENSE) FOR THIS LINE ITEM
                                             SERVICE ON THE NONINSTITUTIONAL
                                             CLAIM.

8 DIGITS UNSIGNED

DB2 ALIAS: LINE_1ST_EXPNS_DT
SAS ALIAS: EXPNSDT1
STANDARD ALIAS: LINE_1ST_EXPNS_DT
TITLE ALIAS: 1ST_EXPNS_DT

EDIT-RULES:

```
                                               YYYYMMDD


                                               COMMENT:
                                               PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                               CWFB_1ST_EXPNS_DT.


                                               SOURCE:
    1                      CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                    POSITIONS
              NAME                 TYPE  LENGTH BEG  END                        CONTENTS
     ----------------------------  ----  ------ ---------  -------------------------------------------------
                                                           CWF

    118. LINE LAST EXPENSE DATE    NUM     8               THE ENDING DATE (LAST EXPENSE) FOR THE LINE
                                                           ITEM SERVICE ON THE NONINSTITUTIONAL CLAIM.

                                                           8 DIGITS UNSIGNED

                                                           COBOL ALIAS: LST_EXP_DT
                                                           DB2 ALIAS: LINE_LAST_EXPNS_DT
                                                           SAS ALIAS: EXPNSDT2
                                                           STANDARD ALIAS: LINE_LAST_EXPNS_DT
                                                           TITLE ALIAS: LAST_EXPNS_DT

                                                           EDIT-RULES:
                                                           YYYYMMDD

                                                           COMMENT:
                                                           PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                           CWFB_LAST_EXPNS_DT.

                                                           SOURCE:
                                                           CWF

    119. LINE HCPCS CODE           CHAR    5               THE HEALTH CARE FINANCING ADMINISTRATION (HCFA)
                                                           COMMON PROCEDURE CODING SYSTEM (HCPCS) IS A
                                                           COLLECTION OF CODES THAT REPRESENT PROCEDURES,
                                                           SUPPLIES, PRODUCTS AND SERVICES WHICH MAY BE
                                                           PROVIDED TO MEDICARE BENEFICIARIES AND TO
                                                           INDIVIDUALS ENROLLED IN PRIVATE HEALTH
                                                           INSURANCE PROGRAMS.  THE CODES ARE DIVIDED
                                                           INTO THREE LEVELS, OR GROUPS, AS DESCRIBED
                                                           BELOW:
```

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                                        DB2 ALIAS: LINE_HCPCS_CD
                                        SAS ALIAS: HCPCS_CD
                                        STANDARD ALIAS: LINE_HCPCS_CD
                                        TITLE ALIAS: HCPCS_CD

                                        COMMENT:
                                        PRIOR TO VERSION H THIS LINE ITEM FIELD WAS
                                        NAMED: HCPCS_CD.  WITH VERSION H, A PREFIX
                                        WAS ADDED TO DENOTE THE LOCATION OF THIS FIELD
                                        ON EACH CLAIM TYPE (INSTITUTIONAL: REV_CNTR AND
                                        NONINSTITUTIONAL: LINE).

                                        LEVEL I
                                           CODES AND DESCRIPTORS COPYRIGHTED BY THE AMERICAN
                                           MEDICAL ASSOCIATION'S CURRENT PROCEDURAL
                                           TERMINOLOGY, FOURTH EDITION (CPT-4).  THESE ARE
                                           5 POSITION NUMERIC CODES REPRESENTING PHYSICIAN
                                           AND NONPHYSICIAN SERVICES.

                                           **** NOTE: ****
                                           CPT-4 CODES INCLUDING BOTH LONG AND SHORT
                                           DESCRIPTIONS SHALL BE USED IN ACCORDANCE WITH THE
   1                      CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                      POSITIONS
              NAME                TYPE  LENGTH BEG   END                        CONTENTS
   ------------------------------ ----  ------ --------- ----------------------------------------------------
                                                          HCFA/AMA AGREEMENT.  ANY OTHER USE VIOLATES THE
                                                          AMA COPYRIGHT.

                                                          LEVEL II
                                                             INCLUDES CODES AND DESCRIPTORS COPYRIGHTED BY
                                                             THE AMERICAN DENTAL ASSOCIATION'S CURRENT DENTAL
                                                             TERMINOLOGY, SECOND EDITION (CDT-2).  THESE ARE
                                                             5 POSITION ALPHA-NUMERIC CODES COMPRISING
                                                             THE D SERIES.  ALL OTHER LEVEL II CODES AND
                                                             DESCRIPTORS ARE APPROVED AND MAINTAINED JOINTLY
                                                             BY THE ALPHA-NUMERIC EDITORIAL PANEL (CONSISTING
                                                             OF HCFA, THE HEALTH INSURANCE ASSOCIATION OF
                                                             AMERICA, AND THE BLUE CROSS AND BLUE SHIELD
                                                             ASSOCIATION).  THESE ARE 5 POSITION ALPHA-
                                                             NUMERIC CODES REPRESENTING PRIMARILY ITEMS AND
```

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                                          NONPHYSICIAN SERVICES THAT ARE NOT
                                          REPRESENTED IN THE LEVEL I CODES.

                                       LEVEL III
                                          CODES AND DESCRIPTORS DEVELOPED BY MEDICARE
                                          CARRIERS FOR USE AT THE LOCAL (CARRIER) LEVEL.
                                          THESE ARE 5 POSITION ALPHA-NUMERIC CODES IN THE
                                          W, X, Y OR Z SERIES REPRESENTING PHYSICIAN
                                          AND NONPHYSICIAN SERVICES THAT ARE NOT
                                          REPRESENTED IN THE LEVEL I OR LEVEL II CODES.


  120. LINE HCPCS INITIAL MODIFIER  CHAR    2              A FIRST MODIFIER TO THE HCPCS PROCEDURE CODE
       CODE                                                TO ENABLE A MORE SPECIFIC PROCEDURE
                                                           IDENTIFICATION FOR THE LINE ITEM SERVICE
                                                           ON THE NONINSTITUTIONAL CLAIM.


                                                           DB2 ALIAS: HCPCS_1ST_MDFR_CD
                                                           SAS ALIAS: MDFR_CD1
                                                           STANDARD ALIAS: LINE_HCPCS_INITL_MDFR_CD
                                                           TITLE ALIAS: INITIAL_MODIFIER

                                                           EDIT-RULES:
                                                           CARRIER INFORMATION FILE

                                                           COMMENT:
                                                           PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                           HCPCS_INITL_MDFR_CD.  WITH VERSION H, A PREFIX
                                                           WAS ADDED TO DENOTE THE LOCATION OF THIS FIELD
                                                           ON EACH CLAIM TYPE (INSTITUTIONAL: REV_CNTR AND
                                                           NONINSTITUTIONAL: LINE).

                                                           SOURCE:
                                                           CWF

  121. LINE HCPCS SECOND MODIFIER   CHAR    2              A SECOND MODIFIER TO THE HCPCS PROCEDURE CODE TO
       CODE                                                MAKE IT MORE SPECIFIC THAN THE FIRST MODIFIER
                                                           CODE TO IDENTIFY THE LINE ITEM PROCEDURES FOR
                                                           THIS CLAIM.

  1                       CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                          POSITIONS
```

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          NAME                  TYPE   LENGTH BEG   END                                  CONTENTS
     ----------------------------  ----  ------ ---------  ------------------------------------------------------
                                                           DB2 ALIAS: HCPCS_2ND_MDFR_CD
                                                           SAS ALIAS: MDFR_CD2
                                                           STANDARD ALIAS: LINE_HCPCS_2ND_MDFR_CD
                                                           TITLE ALIAS: SECOND_MODIFIER

                                                           EDIT-RULES:
                                                           CARRIER INFORMATION FILE

                                                           COMMENT:
                                                           PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                           HCPCS_2ND_MDFR_CD.  WITH VERSION H, A PREFIX
                                                           WAS ADDED TO DENOTE THE LOCATION OF THIS FIELD
                                                           ON EACH CLAIM TYPE (INSTITUTIONAL: REV_CNTR AND
                                                           NONINSTITUTIONAL: LINE).

                                                           SOURCE:
                                                           CWF

     122. LINE NCH BETOS CODE        CHAR     3             EFFECTIVE WITH VERSION H, THE BERENSON-EGGERS
                                                           TYPE OF SERVICE (BETOS) FOR THE PROCEDURE CODE
                                                           BASED ON GENERALLY AGREED UPON CLINICALLY
                                                           MEANINGFUL GROUPINGS OF PROCEDURES AND SERVICES.
                                                           THIS FIELD IS INCLUDED AS A LINE ITEM ON THE
                                                           NONINSTITUTIONAL CLAIM.

                                                           NOTE:  DURING THE VERSION H CONVERSION THIS FIELD
                                                           WAS POPULATED WITH DATA THROUGHOUT HISTORY (BACK
                                                           TO SERVICE YEAR 1991).

                                                           DB2 ALIAS: LINE_NCH_BETOS_CD
                                                           SAS ALIAS: BETOS
                                                           STANDARD ALIAS: LINE_NCH_BETOS_CD
                                                           SYSTEM ALIAS: LTBETOS
                                                           TITLE ALIAS: BETOS

                                                           DERIVATION:
                                                           DERIVED FROM:
                                                               LINE_HCPCS_CD
                                                               LINE_HCPCS_INITL_MDFR_CD
                                                               LINE_HCPCS_2ND_MDFR_CD
                                                               HCPCS MASTER FILE
```

```
                                            DERIVATION RULES:
                                            MATCH THE HCPCS ON THE CLAIM TO THE HCPCS ON
                                            THE HCPCS MASTER FILE TO OBTAIN THE BETOS CODE.

                                            CODES:
                                              REFER TO: BETOS_TB
                                                        IN THE CODES APPENDIX

                                            SOURCE:
                                            NCH

   123. LINE IDE NUMBER                 CHAR      7          EFFECTIVE WITH VERSION H, THE EXEMPTION NUMBER
                                                            ASSIGNED BY THE FOOD AND DRUG ADMINISTRATION (FDA)
                                                            TO AN INVESTIGATIONAL DEVICE AFTER A MANUFACTURER
 1                            CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                        POSITIONS
               NAME                TYPE  LENGTH BEG  END                            CONTENTS
     ----------------------------- ---- ------ --------   --------------------------------------------------
                                                            HAS BEEN APPROVED BY FDA TO CONDUCT A CLINICAL
                                                            TRIAL ON THAT DEVICE.   HCFA ESTABLISHED A NEW
                                                            POLICY OF COVERING CERTAIN IDE'S WHICH WAS
                                                            IMPLEMENTED IN CLAIMS PROCESSING ON 10/1/96
                                                            (WHICH IS NCH WEEKLY PROCESS 10/4/96) FOR SERVICE
                                                            DATES BEGINNING 10/1/95.

                                                            NOTE:  PRIOR TO VERSION H A DUMMY LINE ITEM WAS
                                                            CREATED IN THE LAST OCCURRENCE OF LINE ITEM GROUP
                                                            TO STORE IDE.   THE IDE NUMBER WAS HOUSED IN TWO
                                                            FIELDS: HCPCS CODE AND HCPCS INITIAL MODIFIER;
                                                            THE SECOND MODIFIER CONTAINED THE VALUE 'ID'.
                                                            THERE WILL BE ONLY ONE DISTINCT IDE NUMBER
                                                            REPORTED ON THE NON-INSTITUTIONAL CLAIM.  DURING
                                                            THE VERSION H CONVERSION, THE IDE WAS MOVED FROM
                                                            THE DUMMY LINE ITEM TO ITS OWN DEDICATED FIELD
                                                            FOR EACH LINE ITEM (I.E., THE IDE WAS REPEATED
                                                            ON ALL LINE ITEMS ON THE CLAIM.)

                                                            DB2 ALIAS: LINE_IDE_NUM
                                                            SAS ALIAS: LINE_IDE
                                                            STANDARD ALIAS: LINE_IDE_NUM
                                                            TITLE ALIAS: IDE_NUMBER

                                                            SOURCE:
```

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                                                CWF

  124. LINE NATIONAL DRUG CODE       CHAR    11           EFFECTIVE 1/1/94 ON THE DMERC CLAIM, THE NATIONAL
                                                          DRUG CODE IDENTIFYING THE ORAL ANTI-CANCER DRUGS.
                                                          EFFECTIVE WITH VERSION H, THIS LINE ITEM FIELD WAS
                                                          ADDED AS A PLACEHOLDER ON THE CARRIER CLAIM.

                                                          DB2 ALIAS: LINE_NATL_DRUG_CD
                                                          SAS ALIAS: NDC_CD
                                                          STANDARD ALIAS: LINE_NATL_DRUG_CD
                                                          TITLE ALIAS: NDC_CD

                                                          SOURCE:
                                                          CWF

  125. LINE NCH PAYMENT AMOUNT       PACK     6           AMOUNT OF PAYMENT MADE FROM THE TRUST FUNDS (AFTER
                                                          DEDUCTIBLE AND COINSURANCE AMOUNTS HAVE BEEN
                                                          PAID) FOR THE LINE ITEM SERVICE ON THE NON-
                                                          INSTITUTIONAL CLAIM.

                                                          9.2 DIGITS SIGNED

                                                          COMMON ALIAS: REIMBURSEMENT
                                                          DB2 ALIAS: LINE_NCH_PMT_AMT
                                                          SAS ALIAS: LINEPMT
                                                          STANDARD ALIAS: LINE_NCH_PMT_AMT
                                                          TITLE ALIAS: REIMBURSEMENT

                                                          EDIT-RULES:
                                                          $$$$$$$$$CC

  1                      CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                            POSITIONS
                NAME                  TYPE  LENGTH BEG  END                        CONTENTS
         --------------------------  ----  ------ --------  -------------------------------------------------
                                                          COMMENT:
                                                          PRIOR TO VERSION H THIS LINE ITEM FIELD WAS NAMED:
                                                          CLM_PMT_AMT AND THE SIZE OF THIS FIELD WAS
                                                          S9(7)V99.

                                                          SOURCE:
                                                          NCH
```

126. LINE BENEFICIARY PAYMENT   PACK   6   EFFECTIVE WITH VERSION H, THE PAYMENT (REIM-
      AMOUNT   BURSEMENT) MADE TO THE BENEFICIARY RELATED
                                                         TO THE LINE ITEM SERVICE ON THE NONINSTITU-
                                                         TIONAL CLAIM.

                                                         NOTE: BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                         10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                         CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                         ZEROES IN THIS FIELD.

                                                         9.2 DIGITS SIGNED

                                                         DB2 ALIAS: LINE_BENE_PMT_AMT
                                                         SAS ALIAS: LBENPMT
                                                         STANDARD ALIAS: LINE_BENE_PMT_AMT
                                                         TITLE ALIAS: BENE_PMT_AMT

                                                         SOURCE:
                                                         CWF

127. LINE PROVIDER PAYMENT   PACK   6   EFFECTIVE WITH VERSION H, THE PAYMENT
      AMOUNT   MADE TO THE PROVIDER FOR THE LINE ITEM
                                                         SERVICE ON THE NONINSTITUTIONAL CLAIM.

                                                         NOTE: BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                         10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                         CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                         ZEROES IN THIS FIELD.

                                                         9.2 DIGITS SIGNED

                                                         DB2 ALIAS: LINE_PRVDR_PMT_AMT
                                                         SAS ALIAS: LPRVPMT
                                                         STANDARD ALIAS: LINE_PRVDR_PMT_AMT
                                                         TITLE ALIAS: PRVDR_PMT_AMT

                                                         SOURCE:
                                                         CWF

128. LINE BENEFICIARY PART B   PACK   6   THE AMOUNT OF MONEY FOR WHICH THE
      DEDUCTIBLE AMOUNT   CARRIER HAS DETERMINED THAT THE BENEFICIARY
                                                         IS LIABLE FOR THE PART B CASH DEDUCTIBLE
                                                         FOR THE LINE ITEM SERVICE ON THE NONINSTITUTIONAL
                                                         CLAIM.

```
                                           9.2 DIGITS SIGNED

                                           DB2 ALIAS: LINE_DDCTBL_AMT
1                    CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                         POSITIONS
            NAME                 TYPE  LENGTH BEG  END                      CONTENTS
    ---------------------------- ----  ------ --------- -------------------------------------------------
                                                       SAS ALIAS: LDEDAMT
                                                       STANDARD ALIAS: LINE_BENE_PTB_DDCTBL_AMT
                                                       TITLE ALIAS: PTB_DED_AMT

                                                       EDIT-RULES:
                                                       $$$$$$$$$CC

                                                       COMMENT:
                                                       PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                       BENE_PTB_DDCTBL_LBLTY_AMT AND THE SIZE OF THE
                                                       FIELD WAS S9(3)V99.

                                                       SOURCE:
                                                       CWF

    129. LINE BENEFICIARY PRIMARY   CHAR   1              THE CODE SPECIFYING A FEDERAL NON-MEDICARE PROGRAM
         PAYER CODE                                       OR OTHER SOURCE THAT HAS PRIMARY RESPONSIBILITY
                                                          FOR THE PAYMENT OF THE MEDICARE BENEFICIARY'S
                                                          MEDICAL BILLS RELATING TO THE LINE ITEM SERVICE
                                                          ON THE NONINSTITUTIONAL CLAIM.

                                                          DB2 ALIAS: LINE_PRMRY_PYR_CD
                                                          SAS ALIAS: LPRPAYCD
                                                          STANDARD ALIAS: LINE_BENE_PRMRY_PYR_CD
                                                          TITLE ALIAS: PRIMARY_PAYER_CD

                                                          CODES:
                                                            REFER TO: BENE_PRMRY_PYR_TB
                                                                      IN THE CODES APPENDIX

                                                          COMMENT:
                                                          PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                          BENE_PRMRY_PYR_CD.

                                                          SOURCE:
```

                                                          CWF,VA,DOL,SSA

130. LINE BENEFICIARY PRIMARY   PACK   6   THE AMOUNT OF A PAYMENT MADE ON BEHALF OF A
      PAYER PAID AMOUNT   MEDICARE BENEFICIARY BY A PRIMARY PAYER OTHER
                                                          THAN MEDICARE, THAT THE PROVIDER IS APPLYING
                                                          TO COVERED MEDICARE CHARGES FOR TO THE LINE
                                                          ITEM SERVICE ON THE NONINSTITUTIONAL.

                                                          9.2 DIGITS SIGNED

                                                          DB2 ALIAS: LINE_PRMRY_PYR_PD
                                                          SAS ALIAS: LPRPDAMT
                                                          STANDARD ALIAS: LINE_BENE_PRMRY_PYR_PD_AMT
                                                          TITLE ALIAS: PRMRY_PYR_PD

                                                          EDIT-RULES:
                                                          $$$$$$$$$CC

                                                          COMMENT:
                                                          PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                          BENE_PRMRY_PYR_PMT_AMT AND THE FIELD SIZE
  1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                              POSITIONS
            NAME   TYPE LENGTH BEG   END   CONTENTS
    ---------------------------- ---- ------ -------- --
                                                          WAS S9(5)V99.

                                                          SOURCE:
                                                          CWF

131. LINE COINSURANCE AMOUNT   PACK   6   EFFECTIVE WITH VERSION H, THE BENEFICIARY
                                                          COINSURANCE LIABILITY AMOUNT FOR THIS LINE
                                                          ITEM SERVICE ON THE NONINSTITUTIONAL CLAIM.

                                                          NOTE: BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                          10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                          CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                          ZEROES IN THIS FIELD.

                                                          9.2 DIGITS SIGNED

                                                          DB2 ALIAS: LINE_COINSRNC_AMT
                                                          SAS ALIAS: COINAMT

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                                                    STANDARD ALIAS: LINE_COINSRNC_AMT
                                                    TITLE ALIAS: COINSRNC_AMT

                                                    SOURCE:
                                                    CWF

 132.  CARRIER LINE PSYCHIATRIC,     PACK      6    FOR TYPE OF SERVICE PSYCHIATRIC, OCCUPATIONAL
        OCCUPATIONAL THERAPY,                       THERAPY OR PHYSICAL THERAPY, THE AMOUNT OF
        PHYSICAL THERAPY LIMIT                      ALLOWED CHARGES APPLIED TOWARD THE LIMIT CAP
        AMOUNT                                      FOR THIS LINE ITEM SERVICE ON THE NONINSTITUTIONAL
                                                    CLAIM.

                                                    9.2 DIGITS SIGNED

                                                    DB2 ALIAS: PSYCH_OT_PT_LMT
                                                    SAS ALIAS: LLMTAMT
                                                    STANDARD ALIAS: CARR_LINE_PSYCH_OT_PT_LMT_AMT
                                                    TITLE ALIAS: PSYCH_OT_PT_LIMIT

                                                    COMMENT:
                                                    PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                    CWFB_PSYCH_OT_PT_LMT_AMT AND THE FIELD SIZE
                                                    WAS S9(5)V99.

                                                    SOURCE:
                                                    CWF

 133.  LINE INTEREST AMOUNT          PACK      6    AMOUNT OF INTEREST TO BE PAID FOR THIS LINE
                                                    ITEM SERVICE ON THE NONINSTITUTIONAL CLAIM.
                                                    **NOTE: THIS IS NOT INCLUDED IN THE LINE ITEM
                                                    NCH PAYMENT (REIMBURSEMENT) AMOUNT.

                                                    9.2 DIGITS SIGNED

                                                    DB2 ALIAS: LINE_INTRST_AMT
                                                    SAS ALIAS: LINT_AMT
                                                    STANDARD ALIAS: LINE_INTRST_AMT
                                                    TITLE ALIAS: INTRST_AMT
 1                      CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                             POSITIONS
                NAME                  TYPE  LENGTH BEG  END                         CONTENTS
        ----------------------------- ---- ------ --------- ---------------------------------------------------
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                                              EDIT-RULES:
                                              $$$$$$$$$CC

                                              COMMENT:
                                              PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                              CWFB_INTRST_AMT AND THE FIELD SIZE WAS
                                              S9(5)V99.

                                              SOURCE:
                                              CWF
```

134. LINE PRIMARY PAYER ALLOWED   PACK   6   EFFECTIVE WITH VERSION H, THE PRIMARY PAYER
     CHARGE AMOUNT   ALLOWED CHARGE AMOUNT FOR THE LINE ITEM
                                                    SERVICE ON THE NONINSTITUTIONAL CLAIM.

                                                    NOTE: BEGINNING WITH NCH WEEKLY PROCESS DATE
                                                    10/3/97 THIS FIELD WAS POPULATED WITH DATA.
                                                    CLAIMS PROCESSED PRIOR TO 10/3/97 WILL CONTAIN
                                                    ZEROES IN THIS FIELD.

                                                    9.2 DIGITS SIGNED

                                                    DB2 ALIAS: PRMRY_PYR_ALOW_AMT
                                                    SAS ALIAS: PRPYALOW
                                                    STANDARD ALIAS: LINE_PRMRY_PYR_ALOW_CHRG_AMT
                                                    TITLE ALIAS: PRMRY_PYR_ALOW_CHRG

                                                    SOURCE:
                                                    CWF

135. LINE 10% PENALTY REDUCTION   PACK   6   EFFECTIVE WITH VERSION H, THE 10% PAYMENT
     AMOUNT   REDUCTION AMOUNT (APPLICABLE TO A LATE
                                                    FILING CLAIM) FOR THE LINE ITEM SERVICE.
                                                    ON THE NONINSTITUTIONAL CLAIM.

                                                    9.2 DIGITS SIGNED

                                                    DB2 ALIAS: TENPCT_PNLTY_AMT
                                                    SAS ALIAS: PNLTYAMT
                                                    STANDARD ALIAS: LINE_10PCT_PNLTY_RDCTN_AMT
                                                    TITLE ALIAS: TENPCT_PNLTY

                                                    SOURCE:
                                                    CWF

```
  136. CARRIER LINE BLOOD          PACK      2                    THE BLOOD PINTS QUANTITY (DEDUCTIBLE) FOR THE
       DEDUCTIBLE PINTS QUANTITY                                  LINE ITEM ON THE CARRIER CLAIM (NON-DMERC).

                                                                  3 DIGITS SIGNED

                                                                  DB2 ALIAS: LINE_BLOOD_DDCTBL
                                                                  SAS ALIAS: LBLD_DED
                                                                  STANDARD ALIAS: CARR_LINE_BLOOD_DDCTBL_QTY
                                                                  TITLE ALIAS: BLOOD_DDCTBL

1                            CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                                POSITIONS
            NAME                   TYPE   LENGTH BEG  END                        CONTENTS
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                                                                  EDIT-RULES:
                                                                  NUMERIC

                                                                  COMMENT:
                                                                  PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                                  CWFB_LINE_BLOOD_DDCTBL_QTY.

                                                                  SOURCE:
                                                                  CWF

  137. LINE SUBMITTED CHARGE       PACK      6                    THE AMOUNT OF SUBMITTED CHARGES FOR THE LINE
       AMOUNT                                                     ITEM SERVICE ON THE NONINSTITUTIONAL CLAIM.

                                                                  9.2 DIGITS SIGNED

                                                                  DB2 ALIAS: LINE_SBMT_CHRG_AMT
                                                                  SAS ALIAS: LSBMTCHG
                                                                  STANDARD ALIAS: LINE_SBMT_CHRG_AMT
                                                                  TITLE ALIAS: SBMT_CHRG

                                                                  EDIT-RULES:
                                                                  $$$$$$$$$CC

                                                                  COMMENT:
                                                                  PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                                  CWFB_SBMT_CHRG_AMT AND THE FIELD SIZE WAS
                                                                  S9(5)V99.
```

```
                                                          SOURCE:
                                                          CWF

 138. LINE ALLOWED CHARGE AMOUNT   PACK      6            THE AMOUNT OF ALLOWED CHARGES FOR THE LINE
                                                          ITEM SERVICE ON THE NONINSTITUTIONAL CLAIM. THIS
                                                          CHARGE IS USED TO COMPUTE PAY TO PROVIDERS OR
                                                          REIMBURSEMENT TO BENEFICIARIES. **NOTE: THE
                                                          ALLOWED CHARGE IS DETERMINED BY THE LOWER OF
                                                          THREE CHARGES:  PREVAILING, CUSTOMARY OR ACTUAL.

                                                          9.2 DIGITS SIGNED

                                                          DB2 ALIAS: LINE_ALOW_CHRG_AMT
                                                          SAS ALIAS: LALOWCHG
                                                          STANDARD ALIAS: LINE_ALOW_CHRG_AMT
                                                          TITLE ALIAS: ALOW_CHRG

                                                          EDIT-RULES:
                                                          $$$$$$$CC

                                                          COMMENT:
                                                          PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                          CWFB_ALOW_CHRG_AMT AND THE FIELD SIZE WAS
                                                          S9(5)V99.

                                                          SOURCE:
                                                          CWF

 1                       CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                             POSITIONS
          NAME                   TYPE  LENGTH BEG  END                        CONTENTS
 ---------------------------     ----  ------ ---------     -------------------------------------------------
 139. CARRIER LINE CLINICAL LAB  CHAR    10               THE IDENTIFICATION NUMBER ASSIGNED TO THE
      NUMBER                                              CLINICAL LABORATORY PROVIDING SERVICES FOR
                                                          THE LINE ITEM ON THE CARRIER CLAIM (NON-DMERC).

                                                          DB2 ALIAS: CLNCL_LAB_NUM
                                                          SAS ALIAS: LAB_NUM
                                                          STANDARD ALIAS: CARR_LINE_CLNCL_LAB_NUM
                                                          TITLE ALIAS: LAB_NUM

                                                          COMMENT:
                                                          PRIOR TO VERSION H THIS FIELD WAS NAMED:
```

CWFB_CLNCL_LAB_NUM.

SOURCE:
CWF

140. CARRIER LINE CLINICAL LAB   PACK   6   FEE SCHEDULE CHARGE AMOUNT APPLIED FOR THE LINE
     CHARGE AMOUNT   ITEM CLINICAL LABORATORY SERVICE ON THE CARRIER
                                                   CLAIM (NON-DMERC).

                                                   9.2 DIGITS SIGNED

                                                   DB2 ALIAS: CLNCL_LAB_CHRG_AMT
                                                   SAS ALIAS: LAB_AMT
                                                   STANDARD ALIAS: CARR_LINE_CLNCL_LAB_CHRG_AMT
                                                   TITLE ALIAS: LAB_CHRG

                                                   EDIT-RULES:
                                                   $$$$$$$$C

                                                   COMMENT:
                                                   PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                   CWFB_CLNCL_LAB_CHRG_AMT AND THE FIELD SIZE WAS
                                                   S9(5)V99.

                                                   SOURCE:
                                                   CWF

141. LINE PROCESSING INDICATOR   CHAR   1   THE CODE INDICATING THE REASON A LINE ITEM
     CODE   ON THE NONINSTITUTIONAL CLAIM WAS ALLOWED
                                                   OR DENIED.

                                                   DB2 ALIAS: LINE_PRCSG_IND_CD
                                                   SAS ALIAS: PRCNGIND
                                                   STANDARD ALIAS: LINE_PRCSG_IND_CD
                                                   TITLE ALIAS: PRCSG_IND

                                                   CODES:
                                                     REFER TO: LINE_PRCSG_IND_TB
                                                               IN THE CODES APPENDIX

                                                   COMMENT:
                                                   PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                   CWFB_PRCSG_IND_CD.

```
                                            SOURCE:
1                           CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001


                                        POSITIONS
            NAME                  TYPE  LENGTH BEG  END                        CONTENTS
    ---------------------------   ----  ------ ---------  -------------------------------------------------
                                                          CWF

    142. LINE PAYMENT 80%/100% CODE   CHAR    1            THE CODE INDICATING THAT THE AMOUNT SHOWN IN THE
                                                           PAYMENT FIELD ON THE NONINSTITUTIONAL LINE ITEM
                                                           REPRESENTS EITHER 80% OR 100% OF THE ALLOWED
                                                           CHARGES LESS ANY DEDUCTIBLE, OR 100% LIMITATION
                                                           OF LIABILITY ONLY.

                                                           COMMON ALIAS: REIMBURSEMENT_IND
                                                           DB2 ALIAS: LINE_PMT_80_100_CD
                                                           SAS ALIAS: PMTINDSW
                                                           STANDARD ALIAS: LINE_PMT_80_100_CD
                                                           TITLE ALIAS: REINBURSEMENT_IND

                                                           CODES:
                                                           0 = 80%
                                                           1 = 100%
                                                           3 = 100% LIMITATION OF LIABILITY ONLY

                                                           COMMENT:
                                                           PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                           CWFB_PMT_80_100_CD.

                                                           SOURCE:
                                                           CWF

    143. LINE SERVICE DEDUCTIBLE    CHAR    1              SWITCH INDICATING WHETHER OR NOT THE LINE ITEM
         INDICATOR SWITCH                                  SERVICE ON THE NONINSTITUTIONAL CLAIM IS SUBJECT
                                                           TO A DEDUCTIBLE.

                                                           DB2 ALIAS: SRVC_DDCTBL_SW
                                                           SAS ALIAS: DED_SW
                                                           STANDARD ALIAS: LINE_SRVC_DDCTBL_IND_SW
                                                           TITLE ALIAS: SRVC_DED_IND

                                                           CODES:
                                                           0 = SERVICE SUBJECT TO DEDUCTIBLE
                                                           1 = SERVICE NOT SUBJECT TO DEDUCTIBLE
```

```
                                                    COMMENT:
                                                    PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                    CWFB_SRVC_DDCTBL_IND_SW.

                                                    SOURCE:
                                                    CWF

  144. LINE PAYMENT INDICATOR CODE   CHAR      1         CODE THAT INDICATES THE PAYMENT SCREEN USED TO
                                                    DETERMINE THE ALLOWED CHARGE FOR THE LINE ITEM
                                                    SERVICE ON THE NONINSTITUTIONAL CLAIM.

                                                    DB2 ALIAS: LINE_PMT_IND_CD
                                                    SAS ALIAS: PMTINDCD
                                                    STANDARD ALIAS: LINE_PMT_IND_CD
                                                    TITLE ALIAS: PMT_IND

                                                    CODES:
    1                      CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001
```

```
                                      POSITIONS
             NAME                TYPE  LENGTH BEG  END                          CONTENTS
  ----------------------------   ----  ------ --------  -------------------------------------------------
                                                    REFER TO: LINE_PMT_IND_TB
                                                              IN THE CODES APPENDIX

                                                    COMMENT:
                                                    PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                    CWFB_PMT_IND_CD.

                                                    SOURCE:
                                                    CWF

  145. CARRIER LINE               PACK      2         THE COUNT OF THE TOTAL UNITS ASSOCIATED WITH
       MILES/TIME/UNITS/SERVICES                      SERVICES NEEDING UNIT REPORTING SUCH AS
       COUNT                                          TRANSPORTATION, MILES, ANESTHESIA TIME UNITS,
                                                    NUMBER OF SERVICES, VOLUME OF OXYGEN OR BLOOD
                                                    UNITS.  THIS IS A LINE ITEM FIELD ON THE CARRIER
                                                    CLAIM (NON-DMERC) AND IS USED FOR BOTH ALLOWED
                                                    AND DENIED SERVICES.

                                                    3 DIGITS SIGNED

                                                    DB2 ALIAS: LINE_MTUS_CNT
```

```
                                                SAS ALIAS: MTUS_CNT
                                                STANDARD ALIAS: CARR_LINE_MTUS_CNT
                                                TITLE ALIAS: MTUS_CNT

                                                EDIT-RULES:
                                                FOR CARR_LINE_MTUS_IND_CD EQUAL TO 2 (ANESTHESIA
                                                TIME UNITS) THERE IS ONE IMPLIED DECIMAL POINT.

                                                COMMENT:
                                                PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                CWFB_MTUS_CNT.

                                                SOURCE:
                                                CWF

 146. CARRIER LINE                CHAR     1      CODE INDICATING THE UNITS ASSOCIATED WITH
      MILES/TIME/UNITS/SERVICES                   SERVICES NEEDING UNIT REPORTING ON THE LINE
      INDICATOR CODE                              ITEM FOR THE CARRIER CLAIM (NON-DMERC).

                                                DB2 ALIAS: LINE_MTUS_IND_CD
                                                SAS ALIAS: MTUS_IND
                                                STANDARD ALIAS: CARR_LINE_MTUS_IND_CD
                                                TITLE ALIAS: MTUS_IND

                                                CODES:
                                                0 = VALUES REPORTED AS ZERO (NO ALLOWED
                                                      ACTIVITIES)
                                                1 = TRANSPORTATION (AMBULANCE) MILES
                                                2 = ANESTHESIA TIME UNITS
                                                3 = SERVICES
                                                4 = OXYGEN UNITS
                                                5 = UNITS OF BLOOD
                                                6 = ANESTHESIA BASE AND TIME UNITS (PRIOR
                                                      TO 1991; FROM BMAD)

 1               CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                         POSITIONS
          NAME                TYPE  LENGTH BEG   END                        CONTENTS
     --------------------------  ----  ------ --------  ---------------------------------------------------
                                                COMMENT:
                                                PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                CWFB_MTUS_IND_CD.
```

```
                                                        SOURCE:
                                                        CWF

147. LINE DIAGNOSIS CODE          CHAR    5            THE ICD-9-CM CODE INDICATING THE DIAGNOSIS
                                                        SUPPORTING THIS LINE ITEM PROCEDURE/SERVICE
                                                        ON THE NONINSTITUTIONAL CLAIM.

                                                        DB2 ALIAS: LINE_DGNS_CD
                                                        SAS ALIAS: LINEDGNS
                                                        STANDARD ALIAS: LINE_DGNS_CD
                                                        TITLE ALIAS: DGNS_CD

                                                        EDIT-RULES:
                                                        ICD-9-CM

                                                        COMMENT:
                                                        PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                        CWFB_LINE_DGNS_CD.

                                                        SOURCE:
                                                        CWF

148. FILLER                       CHAR    1

149. CARRIER LINE ANESTHESIA      PACK    2            THE BASE NUMBER OF UNITS ASSIGNED TO THE LINE
     BASE UNIT COUNT                                    ITEM ANESTHESIA PROCEDURE ON THE CARRIER CLAIM
                                                        (NON-DMERC).

                                                        3 DIGITS SIGNED

                                                        DB2 ALIAS: ANSTHSA_UNIT_CNT
                                                        SAS ALIAS: ANSTHUNT
                                                        STANDARD ALIAS: CARR_LINE_ANSTHSA_UNIT_CNT
                                                        TITLE ALIAS: ANSTHSA_UNITS

                                                        COMMENT:
                                                        PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                        CWFB_ANSTHSA_BASE_UNIT_CNT.

                                                        SOURCE:
                                                        CWF

150. CARRIER LINE CLIA ALERT      CHAR    1            EFFECTIVE WITH VERSION G, THE ALERT CODE (RESULTING
     INDICATOR CODE                                     FROM CLIA EDITING) ADDED BY CWF AS A LINE ITEM
```

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                                                       ON THE CARRIER CLAIM (NON-DMERC).

                                                       DB2 ALIAS: CLIA_ALERT_IND_CD
                                                       SAS ALIAS: CLIAALRT
                                                       STANDARD ALIAS: CARR_LINE_CLIA_ALERT_IND_CD
                                                       TITLE ALIAS: CLIA_ALERT

                                                       CODES:
1                            CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                           POSITIONS
            NAME                   TYPE  LENGTH BEG  END                         CONTENTS
------------------------------     ----  ------ ---------  ----------------------------------------------------
                                                       (EFFECTIVE 9/92 BUT NOT STORED UNTIL 10/93)
                                                       0 = NO ALERT
                                                       1 = 77X9
                                                       2 = 77XA
                                                       3 = 77X5
                                                       4 = 77X6
                                                       5 = 77X7
                                                       6 = 77X8
                                                       7 = 77XB

                                                       COMMENT:
                                                       PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                       CWFB_CLIA_ALERT_IND_CD.

                                                       SOURCE:
                                                       CWF

  151. LINE ADDITIONAL CLAIM       CHAR     1           EFFECTIVE 5/92, THE CODE INDICATING ADDITIONAL
       DOCUMENTATION INDICATOR                          CLAIM DOCUMENTATION WAS SUBMITTED FOR THIS LINE
       CODE                                             ITEM SERVICE ON THE NONINSTITUTIONAL CLAIM.

                                                       COMMON ALIAS: DOCUMENT_IND
                                                       DB2 ALIAS: ADDTNL_DCMTN_CD
                                                       SAS ALIAS: DCMTN_CD
                                                       STANDARD ALIAS: LINE_ADDTNL_CLM_DCMTN_IND_CD
                                                       TITLE ALIAS: ADDTNL_DCMTN_IND

                                                       EDIT-RULES:
                                                       IN ANY CASE WHERE MORE THAN ONE VALUE IS
                                                       APPLICABLE, HIGHEST NUMBER IS SHOWN.
```

```
                                                 CODES:
                                                   REFER TO: LINE_ADDTNL_CLM_DCMTN_IND_TB
                                                             IN THE CODES APPENDIX

                                                 COMMENT:
                                                 PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                 CWFB_ADDTNL_CLM_DCMTN_IND_CD.

                                                 SOURCE:
                                                 CWF

 152. CARRIER LINE DME COVERAGE    NUM      8    EFFECTIVE 5/92 THROUGH 6/94, AS LINE ITEM ON THE
      PERIOD START DATE                            CARRIER CLAIM (NON-DMERC), THE DATE DURABLE MEDICAL
                                                 EQUIPMENT (DME) COVERAGE PERIOD STARTED PER CERTI-
                                                 FICATE OF MEDICAL NECESSITY, PRESCRIPTION, OTHER
                                                 DOCUMENTATION OR CARRIER DETERMINATION.  THIS FIELD
                                                 IS APPLICABLE TO LINE ITEMS INVOLVING DME,
                                                 PROSTHETIC, ORTHOTIC AND SUPPLY ITEMS, IMMUNO-
                                                 SUPPRESSIVE DRUGS, PEN, ESRD AND OXYGEN ITEMS
                                                 REFERRED TO AS DMEPOS).

                                                 8 DIGITS UNSIGNED

                                                 DB2 ALIAS: DME_CVRG_STRT_DT
                                                 SAS ALIAS: DMEST_DT
 1                         CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

                                        POSITIONS
              NAME                 TYPE  LENGTH BEG  END                          CONTENTS
 ------------------------------    ----  ------ ---------  -------------------------------------------------
                                                 STANDARD ALIAS: CARR_LINE_DME_CVRG_PRD_STRT_DT
                                                 TITLE ALIAS: DME_CVRG_START_DT

                                                 EDIT-RULES:
                                                 YYYYMMDD

                                                 COMMENT:
                                                 PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                 CWFB_DME_CVRG_PRD_STRT_DT.

                                                 SOURCE:
                                                 CWF

                                                 LIMITATIONS:
```

WHEN THE REVISED DME PROCESSING WAS IMPLEMENTED
(PHASED IN BETWEEN 10/93-6/94), THIS FIELD WAS NOT
INCLUDED ON THE NEW DMERC CLAIM; IT IS BEING
REPORTED ON THE CERTIFICATE OF MEDICAL NECESSITY
(CMN) TRANSACTION. HCFA DOES NOT RECEIVEE CMN
TRANSACTION FROM CWF.

153. LINE DME PURCHASE PRICE   PACK   6   EFFECTIVE 5/92, THE AMOUNT REPRESENTING THE
     AMOUNT   LOWER OF FEE SCHEDULE FOR PURCHASE OF NEW OR
                                                        USED DME, OR ACTUAL CHARGE. IN CASE OF RENTAL
                                                        DME, THIS AMOUNT REPRESENTS THE PURCHASE CAP;
                                                        RENTAL PAYMENTS CAN ONLY BE MADE UNTIL THE
                                                        CAP IS MET. THIS LINE ITEM FIELD IS APPLICABLE
                                                        TO NON-INSTITUTIONAL CLAIMS INVOLVING DME,
                                                        PROSTHETIC, ORTHOTIC AND SUPPLY ITEMS,
                                                        IMMUNOSUPPRESSIVE DRUGS, PEN, ESRD AND OXYGEN
                                                        ITEMS REFERRED TO AS DMEPOS.

                                                        9.2 DIGITS SIGNED

                                                        DB2 ALIAS: DME_PURC_PRICE_AMT
                                                        SAS ALIAS: DME_PURC
                                                        STANDARD ALIAS: LINE_DME_PURC_PRICE_AMT
                                                        TITLE ALIAS: DME_PURC_PRICE

                                                        EDIT-RULES:
                                                        $$$$$$$$$CC

                                                        COMMENT:
                                                        PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                        CWFB_DME_PURC_PRICE_AMT AND THE FIELD SIZE
                                                        WAS S9(5)V99.

                                                        SOURCE:
                                                        CWF

154. CARRIER LINE DME MEDICAL   PACK   2   EFFECTIVE 5/92 THROUGH 6/94, AS LINE ITEM ON THE
     NECESSITY MONTH COUNT   CARRIER CLAIM (NON-DMERC), THE COUNT DETERMINED BY
                                                        THE CARRIER SHOWING THE LENGTH OF NEED (MEDICAL
                                                        NECESSITY FOR DME IN MONTHS FROM THE START DATE
                                                        THROUGH THE DETERMINED PERIOD OF NEED.
                                                        THIS FIELD IS APPLICABLE TO LINE ITEMS INVOLVING
1   CARRIER CLAIM RECORD -- FROM HCFA DATA DICTIONARY -- 03/16/2001

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                                                  POSITIONS
             NAME                   TYPE  LENGTH BEG   END                        CONTENTS
    ---------------------------     ----  ------ ---------    ----------------------------------------------------
                                                             DME, PROSTHETIC, ORTHOTIC AND SUPPLY ITEMS, IMMUNO-
                                                             SUPPRESSIVE DRUGS, PEN, ESRD AND OXYGEN ITEMS
                                                             REFERRED TO AS DMEPOS).

                                                             EXCEPTION:   IF THE DME IS DETERMINED TO BE
                                                                          MEDICALLY NECESSARY FOR THE LIFE
                                                                          OF THE BENEFICIARY, 99 IS PLACED
                                                                          IN THIS FIELD, RATHER THAN A MONTH
                                                                          COUNT.


                                                             3 DIGITS SIGNED

                                                             DB2 ALIAS: DME_NCSTY_MO_CNT
                                                             SAS ALIAS: NCSTY_MO
                                                             STANDARD ALIAS: CARR_LINE_DME_NCSTY_MO_CNT
                                                             TITLE ALIAS: DME_NCSTY_MONTHS


                                                             COMMENT:
                                                             PRIOR TO VERSION H THIS FIELD WAS NAMED:
                                                             CWFB_DME_MDCL_NCSTY_MO_CNT.

                                                             SOURCE:
                                                             CWF

                                                             LIMITATIONS:
                                                             WHEN THE REVISED DME PROCESSING WAS IMPLEMENTED
                                                             (PHASED IN BETWEEN 10/93-6/94), THIS FIELD WAS NOT
                                                             INCLUDED ON THE NEW DMERC CLAIM; IT IS BEING
                                                             REPORTED ON THE CERTIFICATE OF MEDICAL NECESSITY
                                                             (CMN) TRANSACTION.  HCFA DOES NOT RECEIVE CMN
                                                             TRANSACTION FROM CWF.

    155. FILLER                     CHAR     50

    156. END OF RECORD CODE         CHAR      3               EFFECTIVE WITH VERSION 'I', THE CODE USED
                                                             TO IDENTIFY THE END OF A RECORD/SEGMENT OR
                                                             THE END OF THE CLAIM.

                                                             DB2 ALIAS: END_REC_CD
                                                             SAS ALIAS: EOR
```

```
                                   STANDARD ALIAS: END_REC_CD
                                   TITLE ALIAS: END_OF_REC

                                   CODES:
                                   EOR = END OF RECORD/SEGMENT
                                   EOC= END OF CLAIM

                                   COMMENT:
                                   PRIOR TO VERSION I THIS FIELD WAS NAMED:
                                   END_REC_CNSTNT.

                                   SOURCE:
                                   NCH
```

```
1        BENE_IDENT_TB                 BENEFICIARY IDENTIFICATION CODE (BIC) TABLE
         -------------                 -------------------------------------------


                         SOCIAL SECURITY ADMINISTRATION:

                         A  = PRIMARY CLAIMANT
                         B  = AGED WIFE, AGE 62 OR OVER (1ST
                              CLAIMANT)
                         B1 = AGED HUSBAND, AGE 62 OR OVER (1ST
                              CLAIMANT)
                         B2 = YOUNG WIFE, WITH A CHILD IN HER CARE
                              (1ST CLAIMANT)
                         B3 = AGED WIFE (2ND CLAIMANT)
                         B4 = AGED HUSBAND (2ND CLAIMANT)
                         B5 = YOUNG WIFE (2ND CLAIMANT)
                         B6 = DIVORCED WIFE, AGE 62 OR OVER (1ST
                              CLAIMANT)
                         B7 = YOUNG WIFE (3RD CLAIMANT)
                         B8 = AGED WIFE (3RD CLAIMANT)
                         B9 = DIVORCED WIFE (2ND CLAIMANT)
                         BA = AGED WIFE (4TH CLAIMANT)
                         BD = AGED WIFE (5TH CLAIMANT)
                         BG = AGED HUSBAND (3RD CLAIMANT)
                         BH = AGED HUSBAND (4TH CLAIMANT)
                         BJ = AGED HUSBAND (5TH CLAIMANT)
                         BK = YOUNG WIFE (4TH CLAIMANT)
                         BL = YOUNG WIFE (5TH CLAIMANT)
                         BN = DIVORCED WIFE (3RD CLAIMANT)
                         BP = DIVORCED WIFE (4TH CLAIMANT)
```

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                          BQ = DIVORCED WIFE (5TH CLAIMANT)
                          BR = DIVORCED HUSBAND (1ST CLAIMANT)
                          BT = DIVORCED HUSBAND (2ND CLAIMANT)
                          BW = YOUNG HUSBAND (2ND CLAIMANT)
                          BY = YOUNG HUSBAND (1ST CLAIMANT)
                          C1-C9,CA-CZ = CHILD (INCLUDES MINOR, STUDENT
                                       OR DISABLED CHILD)
                          D  = AGED WIDOW, 60 OR OVER (1ST CLAIMANT)
                          D1 = AGED WIDOWER, AGE 60 OR OVER (1ST
                               CLAIMANT)
                          D2 = AGED WIDOW (2ND CLAIMANT)
                          D3 = AGED WIDOWER (2ND CLAIMANT)
                          D4 = WIDOW (REMARRIED AFTER ATTAINMENT OF
                               AGE 60) (1ST CLAIMANT)
                          D5 = WIDOWER (REMARRIED AFTER ATTAINMENT OF
                               AGE 60) (1ST CLAIMANT)
                          D6 = SURVIVING DIVORCED WIFE, AGE 60 OR OVER
                               (1ST CLAIMANT)
                          D7 = SURVIVING DIVORCED WIFE (2ND CLAIMANT)
                          D8 = AGED WIDOW (3RD CLAIMANT)
                          D9 = REMARRIED WIDOW (2ND CLAIMANT)
                          DA = REMARRIED WIDOW (3RD CLAIMANT)
                          DD = AGED WIDOW (4TH CLAIMANT)
                          DG = AGED WIDOW (5TH CLAIMANT)
                          DH = AGED WIDOWER (3RD CLAIMANT)
                          DJ = AGED WIDOWER (4TH CLAIMANT)
                          DK = AGED WIDOWER (5TH CLAIMANT)
                          DL = REMARRIED WIDOW (4TH CLAIMANT)
                          DM = SURVIVING DIVORCED HUSBAND (2ND
                               CLAIMANT)
                          DN = REMARRIED WIDOW (5TH CLAIMANT)
 1       BENE_IDENT_TB               BENEFICIARY IDENTIFICATION CODE (BIC) TABLE
         -------------               ------------------------------------------

                          DP = REMARRIED WIDOWER (2ND CLAIMANT)
                          DQ = REMARRIED WIDOWER (3RD CLAIMANT)
                          DR = REMARRIED WIDOWER (4TH CLAIMANT)
                          DS = SURVIVING DIVORCED HUSBAND (3RD
                               CLAIMANT)
                          DT = REMARRIED WIDOWER (5TH CLAIMANT)
                          DV = SURVIVING DIVORCED WIFE (3RD CLAIMANT)
                          DW = SURVIVING DIVORCED WIFE (4TH CLAIMANT)
                          DX = SURVIVING DIVORCED HUSBAND (4TH
                               CLAIMANT)
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                    DY = SURVIVING DIVORCED WIFE (5TH CLAIMANT)
                    DZ = SURVIVING DIVORCED HUSBAND (5TH
                         CLAIMANT)
                    E  = MOTHER (WIDOW) (1ST CLAIMANT)
                    E1 = SURVIVING DIVORCED MOTHER (1ST
                         CLAIMANT)
                    E2 = MOTHER (WIDOW) (2ND CLAIMANT)
                    E3 = SURVIVING DIVORCED MOTHER (2ND
                         CLAIMANT)
                    E4 = FATHER (WIDOWER) (1ST CLAIMANT)
                    E5 = SURVIVING DIVORCED FATHER (WIDOWER)
                         (1ST CLAIMANT)
                    E6 = FATHER (WIDOWER) (2ND CLAIMANT)
                    E7 = MOTHER (WIDOW) (3RD CLAIMANT)
                    E8 = MOTHER (WIDOW) (4TH CLAIMANT)
                    E9 = SURVIVING DIVORCED FATHER (WIDOWER)
                         (2ND CLAIMANT)
                    EA = MOTHER (WIDOW) (5TH CLAIMANT)
                    EB = SURVIVING DIVORCED MOTHER (3RD
                         CLAIMANT)
                    EC = SURVIVING DIVORCED MOTHER (4TH
                         CLAIMANT)
                    ED = SURVIVING DIVORCED MOTHER (5TH
                         CLAIMANT
                    EF = FATHER (WIDOWER) (3RD CLAIMANT)
                    EG = FATHER (WIDOWER) (4TH CLAIMANT)
                    EH = FATHER (WIDOWER) (5TH CLAIMANT)
                    EJ = SURVIVING DIVORCED FATHER (3RD
                         CLAIMANT)
                    EK = SURVIVING DIVORCED FATHER (4TH
                         CLAIMANT)
                    EM = SURVIVING DIVORCED FATHER (5TH
                         CLAIMANT)
                    F1 = FATHER
                    F2 = MOTHER
                    F3 = STEPFATHER
                    F4 = STEPMOTHER
                    F5 = ADOPTING FATHER
                    F6 = ADOPTING MOTHER
                    F7 = SECOND ALLEGED FATHER
                    F8 = SECOND ALLEGED MOTHER
                    J1 = PRIMARY PROUTY ENTITLED TO HIB
                         (LESS THAN 3 Q.C.) (GENERAL FUND)
                    J2 = PRIMARY PROUTY ENTITLED TO HIB
```

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                                        (OVER 2 Q.C.) (RSI TRUST FUND)
                                   J3 = PRIMARY PROUTY NOT ENTITLED TO HIB
                                        (LESS THAN 3 Q.C.) (GENERAL FUND)
                                   J4 = PRIMARY PROUTY NOT ENTITLED TO HIB
   1        BENE_IDENT_TB                   BENEFICIARY IDENTIFICATION CODE (BIC) TABLE
            -------------                   ------------------------------------------

                                        (OVER 2 Q.C.) (RSI TRUST FUND)
                                   K1 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                        3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
                                   K2 = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                        Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
                                   K3 = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                        THAN 3 Q.C.) (GENERAL FUND) (1ST
                                        CLAIMANT)
                                   K4 = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                        2 Q.C.) (RSI TRUST FUND) (1ST
                                        CLAIMANT)
                                   K5 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                        3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
                                   K6 = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                        Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
                                   K7 = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                        THAN 3 Q.C.) (GENERAL FUND) (2ND
                                        CLAIMANT)
                                   K8 = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                        2 Q.C.) (RSI TRUST FUND) (2ND
                                        CLAIMANT)
                                   K9 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                        3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
                                   KA = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                        Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
                                   KB = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                        THAN 3 Q.C.) (GENERAL FUND) (3RD
                                        CLAIMANT)
                                   KC = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                        2 Q.C.) (RSI TRUST FUND) (3RD
                                        CLAIMANT)
                                   KD = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                        3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)
                                   KE = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C
                                        (4TH CLAIMANT)
                                   KF = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                        THAN 3 Q.C.)(4TH CLAIMANT)
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```
                              KG = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                   2 Q.C.)(4TH CLAIMANT)
                              KH = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                   3 Q.C.)(5TH CLAIMANT)
                              KJ = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                   Q.C.) (5TH CLAIMANT)
                              KL = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                   THAN 3 Q.C.)(5TH CLAIMANT)
                              KM = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                   2 Q.C.) (5TH CLAIMANT)
                              M  = UNINSURED-NOT QUALIFIED FOR DEEMED HIB
                              M1 = UNINSURED-QUALIFIED BUT REFUSED HIB
                              T  = UNINSURED-ENTITLED TO HIB UNDER DEEMED
                                   OR RENAL PROVISIONS
                              TA = MQGE (PRIMARY CLAIMANT)
                              TB = MQGE AGED SPOUSE (FIRST CLAIMANT)
                              TC = MQGE DISABLED ADULT CHILD (FIRST CLAIMANT)
                              TD = MQGE AGED WIDOW(ER) (FIRST CLAIMANT)
                              TE = MQGE YOUNG WIDOW(ER) (FIRST CLAIMANT)
                              TF = MQGE PARENT (MALE)
                              TG = MQGE AGED SPOUSE (SECOND CLAIMANT)
1        BENE_IDENT_TB                    BENEFICIARY IDENTIFICATION CODE (BIC) TABLE
         -------------                    -------------------------------------------

                              TH = MQGE AGED SPOUSE (THIRD CLAIMANT)
                              TJ = MQGE AGED SPOUSE (FOURTH CLAIMANT)
                              TK = MQGE AGED SPOUSE (FIFTH CLAIMANT)
                              TL = MQGE AGED WIDOW(ER) (SECOND CLAIMANT)
                              TM = MQGE AGED WIDOW(ER) (THIRD CLAIMANT)
                              TN = MQGE AGED WIDOW(ER) (FOURTH CLAIMANT)
                              TP = MQGE AGED WIDOW(ER) (FIFTH CLAIMANT)
                              TQ = MQGE PARENT (FEMALE)
                              TR = MQGE YOUNG WIDOW(ER) (SECOND CLAIMANT)
                              TS = MQGE YOUNG WIDOW(ER) (THIRD CLAIMANT)
                              TT = MQGE YOUNG WIDOW(ER) (FOURTH CLAIMANT)
                              TU = MQGE YOUNG WIDOW(ER) (FIFTH CLAIMANT)
                              TV = MQGE DISABLED WIDOW(ER) FIFTH CLAIMANT
                              TW = MQGE DISABLED WIDOW(ER) FIRST CLAIMANT
                              TX = MQGE DISABLED WIDOW(ER) SECOND CLAIMANT
                              TY = MQGE DISABLED WIDOW(ER) THIRD CLAIMANT
                              TZ = MQGE DISABLED WIDOW(ER) FOURTH CLAIMANT
                              T2-T9 = DISABLED CHILD (SECOND TO NINTH
                                      CLAIMANT)
                              W  = DISABLED WIDOW, AGE 50 OR OVER (1ST
```

```
                                    CLAIMANT)
                         W1 = DISABLED WIDOWER, AGE 50 OR OVER (1ST
                              CLAIMANT)
                         W2 = DISABLED WIDOW (2ND CLAIMANT)
                         W3 = DISABLED WIDOWER (2ND CLAIMANT)
                         W4 = DISABLED WIDOW (3RD CLAIMANT)
                         W5 = DISABLED WIDOWER (3RD CLAIMANT)
                         W6 = DISABLED SURVIVING DIVORCED WIFE (1ST
                              CLAIMANT)
                         W7 = DISABLED SURVIVING DIVORCED WIFE (2ND
                              CLAIMANT)
                         W8 = DISABLED SURVIVING DIVORCED WIFE (3RD
                              CLAIMANT)
                         W9 = DISABLED WIDOW (4TH CLAIMANT)
                         WB = DISABLED WIDOWER (4TH CLAIMANT)
                         WC = DISABLED SURVIVING DIVORCED WIFE (4TH
                              CLAIMANT)
                         WF = DISABLED WIDOW (5TH CLAIMANT)
                         WG = DISABLED WIDOWER (5TH CLAIMANT)
                         WJ = DISABLED SURVIVING DIVORCED WIFE (5TH
                              CLAIMANT)
                         WR = DISABLED SURVIVING DIVORCED HUSBAND
                              (1ST CLAIMANT)
                         WT = DISABLED SURVIVING DIVORCED HUSBAND
                              (2ND CLAIMANT)


                         RAILROAD RETIREMENT BOARD:

                            NOTE:
                            EMPLOYEE:  A MEDICARE BENEFICIARY WHO IS
                                       STILL WORKING OR A WORKER WHO
                                       DIED BEFORE RETIREMENT
                            ANNUITANT: A PERSON WHO RETIRED UNDER THE
                                       RAILROAD RETIREMENT ACT ON OR
                                       AFTER 03/01/37
                            PENSIONER: A PERSON WHO RETIRED PRIOR TO
                                       03/01/37 AND WAS INCLUDED IN THE
                                       RAILROAD RETIREMENT ACT
1       BENE_IDENT_TB                  BENEFICIARY IDENTIFICATION CODE (BIC) TABLE
        -------------                  -------------------------------------------


                         10 = RETIREMENT - EMPLOYEE OR ANNUITANT
                         80 = RR PENSIONER (AGE OR DISABILITY)
```

```
                              14 = SPOUSE OF RR EMPLOYEE OR ANNUITANT
                                   (HUSBAND OR WIFE)
                              84 = SPOUSE OF RR PENSIONER
                              43 = CHILD OF RR EMPLOYEE
                              13 = CHILD OF RR ANNUITANT
                              17 = DISABLED ADULT CHILD OF RR ANNUITANT
                              46 = WIDOW/WIDOWER OF RR EMPLOYEE
                              16 = WIDOW/WIDOWER OF RR ANNUITANT
                              86 = WIDOW/WIDOWER OF RR PENSIONER
                              43 = WIDOW OF EMPLOYEE WITH A CHILD IN HER CARE
                              13 = WIDOW OF ANNUITANT WITH A CHILD IN HER CARE
                              83 = WIDOW OF PENSIONER WITH A CHILD IN HER CARE
                              45 = PARENT OF EMPLOYEE
                              15 = PARENT OF ANNUITANT
                              85 = PARENT OF PENSIONER
                              11 = SURVIVOR JOINT ANNUITANT
                                   (REDUCED BENEFITS TAKEN TO INSURE BENEFITS
                                   FOR SURVIVING SPOUSE)

 1       BENE_PRMRY_PYR_TB                       BENEFICIARY PRIMARY PAYER TABLE
         -----------------                       -------------------------------


                              A = WORKING AGED BENE/SPOUSE WITH EMPLOYER
                                  GROUP HEALTH PLAN (EGHP)
                              B = END STAGE RENAL DISEASE (ESRD) BENEFICIARY
                                  IN THE 18 MONTH COORDINATION PERIOD WITH
                                  AN EMPLOYER GROUP HEALTH PLAN
                              C = CONDITIONAL PAYMENT BY MEDICARE; FUTURE
                                  REIMBURSEMENT EXPECTED
                              D = AUTOMOBILE NO-FAULT (EFF. 4/97; PRIOR
                                  TO 3/94, ALSO INCLUDED ANY LIABILITY
                                  INSURANCE)
                              E = WORKERS' COMPENSATION
                              F = PUBLIC HEALTH SERVICE OR OTHER FEDERAL
                                  AGENCY (OTHER THAN DEPT. OF VETERANS
                                  AFFAIRS)
                              G = WORKING DISABLED BENE (UNDER AGE 65
                                  WITH LGHP)
                              H = BLACK LUNG
                              I = DEPT. OF VETERANS AFFAIRS
                              J = ANY LIABILITY INSURANCE
                                  (EFF. 3/94 - 3/97)
                              L = ANY LIABILITY INSURANCE (EFF. 4/97)
```

                                        (EFF. 12/90 FOR CARRIER CLAIMS AND 10/93
                                        FOR FI CLAIMS; OBSOLETED FOR ALL CLAIM
                                        TYPES 7/1/96)

                           M = OVERRIDE CODE: EGHP SERVICES INVOLVED
                                        (EFF. 12/90 FOR CARRIER CLAIMS AND 10/93
                                        FOR FI CLAIMS; OBSOLETED FOR ALL CLAIM
                                        TYPES 7/1/96)

                           N = OVERRIDE CODE: NON-EGHP SERVICES INVOLVED
                                        (EFF. 12/90 FOR CARRIER CLAIMS AND 10/93
                                        FOR FI CLAIMS; OBSOLETED FOR ALL CLAIM
                                        TYPES 7/1/96)

                           BLANK = MEDICARE IS PRIMARY PAYER (NOT SURE
                                        OF EFFECTIVE DATE: IN USE 1/91, IF
                                        NOT EARLIER)

                           T = MSP COST AVOIDED - IEQ CONTRACTOR
                                        (EFF. 7/96 CARRIER CLAIMS ONLY)
                           U = MSP COST AVOIDED - HMO RATE CELL ADJUST-
                                        MENT CONTRACTOR (EFF. 7/96 CARRIER CLAIMS
                                        ONLY)
                           V = MSP COST AVOIDED - LITIGATION SETTLEMENT
                                        CONTRACTOR (EFF. 7/96 CARRIER CLAIMS
                                        ONLY)

                           X = MSP COST AVOIDED OVERRIDE CODE (EFF.
                                        12/90 FOR CARRIER CLAIMS AND 10/93 FOR
                                        FI CLAIMS; OBSOLETED FOR ALL CLAIM TYPES
                                        7/1/96)

                                        PRIOR TO 12/90

                           Y = OTHER SECONDARY PAYER INVESTIGATION
                                        SHOWS MEDICARE AS PRIMARY PAYER
1   BENE_PRMRY_PYR_TB   BENEFICIARY PRIMARY PAYER TABLE
        -----------------   -------------------------------

                           Z = MEDICARE IS PRIMARY PAYER

                           NOTE: VALUES C, M, N, Y, Z AND BLANK
                                        INDICATE MEDICARE IS PRIMARY PAYER.
                                        (VALUES Z AND Y WERE USED PRIOR TO

```
                                 12/90.  BLANK WAS SUPPOSE TO BE
                                 EFFECTIVE AFTER 12/90, BUT MAY HAVE
                                 BEEN USED PRIOR TO THAT DATE.)


  1           BETOS_TB                                    BETOS TABLE
              --------                                    -----------



                         M1A = OFFICE VISITS - NEW
                         M1B = OFFICE VISITS - ESTABLISHED
                         M2A = HOSPITAL VISIT - INITIAL
                         M2B = HOSPITAL VISIT - SUBSEQUENT
                         M2C = HOSPITAL VISIT - CRITICAL CARE
                         M3  = EMERGENCY ROOM VISIT
                         M4A = HOME VISIT
                         M4B = NURSING HOME VISIT
                         M5A = SPECIALIST - PATHOLOGY
                         M5B = SPECIALIST - PSYCHIATRY
                         M5C = SPECIALIST - OPTHAMOLOGY
                         M5D = SPECIALIST - OTHER
                         M6  = CONSULTATIONS
                         P0  = ANESTHESIA
                         P1A = MAJOR PROCEDURE - BREAST
                         P1B = MAJOR PROCEDURE - COLECTOMY
                         P1C = MAJOR PROCEDURE - CHOLECYSTECTOMY
                         P1D = MAJOR PROCEDURE - TURP
                         P1E = MAJOR PROCEDURE - HYSTERCTOMY
                         P1F = MAJOR PROCEDURE - EXPLOR/DECOMPR/EXCISDISC
                         P1G = MAJOR PROCEDURE - OTHER
                         P2A = MAJOR PROCEDURE, CARDIOVASCULAR-CABG
                         P2B = MAJOR PROCEDURE, CARDIOVASCULAR-ANEURYSM REPAIR
                         P2C = MAJOR PROCEDURE, CARDIOVASCULAR-THROMBOENDARTERECTOMY
                         P2D = MAJOR PROCEDURE, CARDIOVASCUALR-CORONARY ANGIOPLASTY (PTCA)
                         P2E = MAJOR PROCEDURE, CARDIOVASCULAR-PACEMAKER INSERTION
                         P2F = MAJOR PROCEDURE, CARDIOVASCULAR-OTHER
                         P3A = MAJOR PROCEDURE, ORTHOPEDIC - HIP FRACTURE REPAIR
                         P3B = MAJOR PROCEDURE, ORTHOPEDIC - HIP REPLACEMENT
                         P3C = MAJOR PROCEDURE, ORTHOPEDIC - KNEE REPLACEMENT
                         P3D = MAJOR PROCEDURE, ORTHOPEDIC - OTHER
                         P4A = EYE PROCEDURE - CORNEAL TRANSPLANT
                         P4B = EYE PROCEDURE - CATARACT REMOVAL/LENS INSERTION
                         P4C = EYE PROCEDURE - RETINAL DETACHMENT
                         P4D = EYE PROCEDURE - TREATMENT
                         P4E = EYE PROCEDURE - OTHER
```

```
                          P5A = AMBULATORY PROCEDURES - SKIN
                          P5B = AMBULATORY PROCEDURES - MUSCULOSKELETAL
                          P5C = AMBULATORY PROCEDURES - INGUINAL HERNIA REPAIR
                          P5D = AMBULATORY PROCEDURES - LITHOTRIPSY
                          P5E = AMBULATORY PROCEDURES - OTHER
                          P6A = MINOR PROCEDURES - SKIN
                          P6B = MINOR PROCEDURES - MUSCULOSKELETAL
                          P6C = MINOR PROCEDURES - OTHER (MEDICARE FEE SCHEDULE)
                          P6D = MINOR PROCEDURES - OTHER (NON-MEDICARE FEE SCHEDULE)
                          P7A = ONCOLOGY - RADIATION THERAPY
                          P7B = ONCOLOGY - OTHER
                          P8A = ENDOSCOPY - ARTHROSCOPY
                          P8B = ENDOSCOPY - UPPER GASTROINTESTINAL
                          P8C = ENDOSCOPY - SIGMOIDOSCOPY
                          P8D = ENDOSCOPY - COLONOSCOPY
                          P8E = ENDOSCOPY - CYSTOSCOPY
                          P8F = ENDOSCOPY - BRONCHOSCOPY
                          P8G = ENDOSCOPY - LAPAROSCOPIC CHOLECYSTECTOMY
                          P8H = ENDOSCOPY - LARYNGOSCOPY
                          P8I = ENDOSCOPY - OTHER
                          P9A = DIALYSIS SERVICES
  1          BETOS_TB                              BETOS TABLE
             --------                              -----------

                          I1A = STANDARD IMAGING - CHEST
                          I1B = STANDARD IMAGING - MUSCULOSKELETAL
                          I1C = STANDARD IMAGING - BREAST
                          I1D = STANDARD IMAGING - CONTRAST GASTROINTESTINAL
                          I1E = STANDARD IMAGING - NUCLEAR MEDICINE
                          I1F = STANDARD IMAGING - OTHER
                          I2A = ADVANCED IMAGING - CAT: HEAD
                          I2B = ADVANCED IMAGING - CAT: OTHER
                          I2C = ADVANCED IMAGING - MRI: BRAIN
                          I2D = ADVANCED IMAGING - MRI: OTHER
                          I3A = ECHOGRAPHY - EYE
                          I3B = ECHOGRAPHY - ABDOMEN/PELVIS
                          I3C = ECHOGRAPHY - HEART
                          I3D = ECHOGRAPHY - CAROTID ARTERIES
                          I3E = ECHOGRAPHY - PROSTATE, TRANSRECTAL
                          I3F = ECHOGRAPHY - OTHER
                          I4A = IMAGING/PROCEDURE - HEART INCLUDING CARDIAC
                                               CATHETER
                          I4B = IMAGING/PROCEDURE - OTHER
                          T1A = LAB TESTS - ROUTINE VENIPUNCTURE (NON MEDICARE
```

```
                                           FEE SCHEDULE)
                       T1B = LAB TESTS - AUTOMATED GENERAL PROFILES
                       T1C = LAB TESTS - URINALYSIS
                       T1D = LAB TESTS - BLOOD COUNTS
                       T1E = LAB TESTS - GLUCOSE
                       T1F = LAB TESTS - BACTERIAL CULTURES
                       T1G = LAB TESTS - OTHER (MEDICARE FEE SCHEDULE)
                       T1H = LAB TESTS - OTHER (NON-MEDICARE FEE SCHEDULE)
                       T2A = OTHER TESTS - ELECTROCARDIOGRAMS
                       T2B = OTHER TESTS - CARDIOVASCULAR STRESS TESTS
                       T2C = OTHER TESTS - EKG MONITORING
                       T2D = OTHER TESTS - OTHER
                       D1A = MEDICAL/SURGICAL SUPPLIES
                       D1B = HOSPITAL BEDS
                       D1C = OXYGEN AND SUPPLIES
                       D1D = WHEELCHAIRS
                       D1E = OTHER DME
                       D1F = ORTHOTIC DEVICES
                       O1A = AMBULANCE
                       O1B = CHIROPRACTIC
                       O1C = ENTERAL AND PARENTERAL
                       O1D = CHEMOTHERAPY
                       O1E = OTHER DRUGS
                       O1F = VISION, HEARING AND SPEECH SERVICES
                       O1G = INFLUENZA IMMUNIZATION
                       Y1  = OTHER - MEDICARE FEE SCHEDULE
                       Y2  = OTHER - NON-MEDICARE FEE SCHEDULE
                       Z1  = LOCAL CODES
                       Z2  = UNDEFINED CODES


  1     CARR_CLM_PMT_DNL_TB                      CARRIER CLAIM PAYMENT DENIAL TABLE
        -------------------                      ----------------------------------


                       0 = DENIED
                       1 = PHYSICIAN/SUPPLIER
                       2 = BENEFICIARY
                       3 = BOTH PHYSICIAN/SUPPLIER AND BENEFICIARY
                       4 = HOSPITAL (HOSPITAL BASED PHYSICIANS)
                       5 = BOTH HOSPITAL AND BENEFICIARY
                       6 = GROUP PRACTICE PREPAYMENT PLAN
                       7 = OTHER ENTRIES (E.G. EMPLOYER, UNION)
                       8 = FEDERALLY FUNDED
                       9 = PA SERVICE
```

```
                              A = BENEFICIARY UNDER LIMITATION OF
                                  LIABILITY
                              B = PHYSICIAN/SUPPLIER UNDER LIMITATION OF
                                  LIABILITY
                              D = DENIED DUE TO DEMONSTRATION INVOLVEMENT
                                  (EFF. 5/97)
                              E = MSP COST AVOIDED IRS/SSA/HCFA DATA
                                  MATCH (EFF. 7/3/00)
                              F = MSP COST AVOIDED HMO RATE CELL
                                  (EFF. 7/3/00)
                              G = MSP COST AVOIDED LITIGATION SETTLEMENT
                                  (EFF. 7/3/00)
                              H = MSP COST AVOIDED EMPLOYER VOLUNTARY
                                  REPORTING (EFF. 7/3/00)
                              J = MSP COST AVOIDED INSURER VOLUNTARY
                                  REPORTING (EFF. 7/3/00)
                              K = MSP COST AVOIDED INITIAL ENROLLMENT
                                  QUESTIONNAIRE (EFF. 7/3/00)
                              P = PHYSICIAN OWNERSHIP DENIAL (EFF 3/92)
                              Q = MSP COST AVOIDED - (CONTRACTOR #88888)
                                  VOLUNTARY AGREEMENT (EFF. 1/98)
                              T = MSP COST AVOIDED - IEQ CONTRACTOR
                                  (EFF. 7/96) (OBSOLETE 6/30/00)
                              U = MSP COST AVOIDED - HMO RATE CELL
                                  ADJUSTMENT (EFF. 7/96) (OBSOLETE 6/30/00)
                              V = MSP COST AVOIDED - LITIGATION
                                  SETTLEMENT (EFF. 7/96) (OBSOLETE 6/30/00)
                              X = MSP COST AVOIDED - GENERIC
                              Y = MSP COST AVOIDED - IRS/SSA DATA
                                  MATCH PROJECT (OBSOLETE 6/30/00)


  1   CARR_LINE_PRVDR_TYPE_TB                      CARRIER LINE PROVIDER TYPE TABLE
      -----------------------                      --------------------------------


                              FOR PHYSICIAN/SUPPLIER (RIC O) CLAIMS:

                              0 = CLINICS, GROUPS, ASSOCIATIONS,
                                  PARTNERSHIPS, OR OTHER ENTITIES
                              1 = PHYSICIANS OR SUPPLIERS REPORTING AS
                                  SOLO PRACTITIONERS
                              2 = SUPPLIERS (OTHER THAN SOLE PROPRIETORSHIP)
                              3 = INSTITUTIONAL PROVIDER
                              4 = INDEPENDENT LABORATORIES
```

```
                               5 = CLINICS (MULTIPLE SPECIALTIES)
                               6 = GROUPS (SINGLE SPECIALTY)
                               7 = OTHER ENTITIES

                               FOR DMERC (RIC M) CLAIMS - PRIOR TO VERSION H:

                               0 = CLINICS, GROUPS, ASSOCIATIONS,
                                   PARTNERSHIPS, OR OTHER ENTITIES
                                   FOR WHOM THE CARRIER'S OWN ID NUMBER
                                   HAS BEEN ASSIGNED.
                               1 = PHYSICIANS OR SUPPLIERS BILLING AS
                                   SOLO PRACTITIONERS FOR WHOM SSN'S ARE
                                   SHOWN IN THE PHYSICIAN ID CODE FIELD.
                               2 = PHYSICIANS OR SUPPLIERS BILLING AS
                                   SOLO PRACTITIONERS FOR WHOM THE CARRIER'S
                                   OWN PHYSICIAN ID CODE IS SHOWN.
                               3 = SUPPLIERS (OTHER THAN SOLE PROPRIETORSHIP)
                                   FOR WHOM EI NUMBERS ARE USED IN CODING THE
                                   ID FIELD.
                               4 = SUPPLIERS (OTHER THAN SOLE PROPRIETORSHIP)
                                   FOR WHOM THE CARRIER'S OWN CODE HAS BEEN
                                   SHOWN.
                               5 = INSTITUTIONAL PROVIDERS AND
                                   INDEPENDENT LABORATORIES FOR WHOM EI
                                   NUMBERS ARE USED IN CODING THE ID FIELD.
                               6 = INSTITUTIONAL PROVIDERS AND
                                   INDEPENDENT LABORATORIES FOR WHOM THE
                                   CARRIER'S OWN ID NUMBER IS SHOWN.
                               7 = CLINICS, GROUPS, ASSOCIATIONS, OR
                                   PARTNERSHIPS FOR WHOM EI NUMBERS
                                   ARE USED IN CODING THE ID FIELD.
                               8 = OTHER ENTITIES FOR WHOM EI NUMBERS
                                   ARE USED IN CODING THE ID FIELD OR
                                   PROPRIETORSHIP FOR WHOM EI NUMBERS ARE
                                   USED IN CODING THE ID FIELD.

  1CARR_LINE_RDCD_PHYSN_ASTNT_TB          CARRIER LINE PART B REDUCED PHYSICIAN ASSISTANT TABLE
  -----------------------------          ----------------------------------------------------


                               BLANK = ADJUSTMENT SITUATION (WHERE
                                       CLM_DISP_CD EQUAL 3)
                               0 = N/A
                               1 = 65%
```

```
                              A) PHYSICIAN ASSISTANTS ASSISTING IN
                                 SURGERY
                              B) NURSE MIDWIVES
                           2 = 75%
                              A) PHYSICIAN ASSISTANTS PERFORMING
                                 SERVICES IN A HOSPITAL (OTHER THAN
                                 ASSISTING SURGERY)
                              B) NURSE PRACTITIONERS AND CLINICAL
                                 NURSE SPECIALISTS PERFORMING
                                 SERVICES IN RURAL AREAS
                              C) CLINICAL SOCIAL WORKER SERVICES
                           3 = 85%
                              A) PHYSICIAN ASSISTANT SERVICES FOR
                                 OTHER THAN ASSISTING SURGERY
                              B) NURSE PRACTITIONERS SERVICES
```

```
1         CARR_NUM_TB                          CARRIER NUMBER TABLE
          -----------                          --------------------


                           00510 = ALABAMA BS (EFF. 1983)
                           00511 = GEORGIA - ALABAMA BS (EFF. 1998)
                           00512 = MISSISSIPPI - ALABAMA BS (EFF. 2000)
                           00520 = ARKANSAS BS (EFF. 1983)
                           00521 = NEW MEXICO - ARKANSAS BS (EFF. 1998)
                           00522 = OKLAHOMA - ARKANSAS BS (EFF. 1998)
                           00523 = MISSOURI - ARKANSAS BS (EFF. 1999)
                           00528 = LOUISIANNA - ARKANSAS BS (EFF. 1984)
                           00542 = CALIFORNIA BS (EFF. 1983; TERM. 1996)
                           00550 = COLORADO BS (EFF. 1983; TERM. 1994)
                           00570 = DELAWARE - PENNSYLVANIA BS (EFF. 1983;
                                       TERM. 1997)
                           00580 = DISTRICT OF COLUMBIA - PENNSYLVANIA BS
                                       (EFF. 1983; TERM. 1997)
                           00590 = FLORIDA BS (EFF. 1983)
                           00591 = CONNECTICUT - FLORIDA BS (EFF. 2000)
                           00621 = ILLINOIS BS - HCSC (EFF. 1983; TERM. 1998)
                           00623 = MICHIGAN - ILLINOIS BLUE SHIELD (EFF. 1995)
                                       (TERM. 1998)
                           00630 = INDIANA - ADMINISTAR (EFF. 1983)
                           00635 = DMERC-B (ADMINISTAR FEDERAL, INC.)
                                       (EFF. 1993)
                           00640 = IOWA - WELLMARK, INC. (EFF. 1983; TERM. 1998)
                           00645 = NEBRASKA - IOWA BS (EFF. 1985; TERM. 1987)
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                         00650 = KANSAS BS (EFF. 1983)
                         00655 = NEBRASKA - KANSAS BS (EFF. 1988)
                         00660 = KENTUCKY - ADMINISTAR (EFF. 1983)
                         00690 = MARYLAND BS (EFF. 1983; TERM. 1994)
                         00700 = MASSACHUSETTS BS (EFF. 1983; TERM. 1997)
                         00710 = MICHIGAN BS (EFF. 1983; TERM. 1994)
                         00720 = MINNESOTA BS (EFF. 1983; TERM. 1995)
                         00740 = MISSOURI - BS KANSAS CITY (EFF. 1983)
                         00751 = MONTANA BS (EFF. 1983)
                         00770 = NEW HAMPSHIRE/VERMONT PHYSICIAN SERVICES
                                   (EFF. 1983; TERM. 1984)
                         00780 = NEW HAMPSHIRE/VERMONT - MASSACHUSETTS BS
                                   (EFF. 1985; TERM. 1997)
                         00801 = NEW YORK - WESTERN BS (EFF. 1983)
                         00803 = NEW YORK - EMPIRE BS (EFF. 1983)
                         00805 = NEW JERSEY - EMPIRE BS (EFF. 3/99)
                         00811 = DMERC (A) - WESTERN NEW YORK BS (EFF. 2000)
                         00820 = NORTH DAKOTA - NORTH DAKOTA BS (EFF. 1983)
                         00824 = COLORADO - NORTH DAKOTA BS (EFF. 1995)
                         00825 = WYOMING - NORTH DAKOTA BS (EFF. 1990)
                         00826 = IOWA - NORTH DAKOTA BS (EFF. 1999)
                         00831 = ALASKA - NORTH DAKOTA BS (EFF. 1998)
                         00832 = ARIZONA -  NORTH DAKOTA BS (EFF. 1998)
                         00833 = HAWAII - NORTH DAKOTA BS (EFF. 1998)
                         00834 = NEVADA - NORTH DAKOTA BS (EFF. 1998)
                         00835 = OREGON - NORTH DAKOTA BS (EFF. 1998)
                         00836 = WASHINGTON - NORTH DAKOTA BS (EFF. 1998)
                         00860 = NEW JERSEY - PENNSYLVANIA BS (EFF. 1988;
                                   TERM. 1999)
                         00865 = PENNSYLVANIA BS (EFF. 1983)
                         00870 = RHODE ISLAND BS (EFF. 1983)
                         00880 = SOUTH CAROLINA BS (EFF. 1983)
                         00882 = RRB - SOUTH CAROLINA PGBA (EFF. 2000)
 1        CARR_NUM_TB                         CARRIER NUMBER TABLE
          -----------                         --------------------

                         00885 = DMERC C - PALMETTO (EFF. 1993)
                         00900 = TEXAS BS (EFF. 1983)
                         00901 = MARYLAND - TEXAS BS (EFF. 1995)
                         00902 = DELAWARE - TEXAS BS (EFF. 1998)
                         00903 = DISTRICT OF COLUMBIA - TEXAS BS (EFF. 1998)
                         00904 = VIRGINIA - TEXAS BS (EFF. 2000)
                         00910 = UTAH  BS (EFF. 1983)
                         00951 = WISCONSIN - WISCONSIN PHY SVC (EFF. 1983)
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00952 = ILLINOIS - WISCONSIN PHY SVC (EFF. 1999)
00953 = MICHIGAN - WISCONSIN PHY SVC (EFF. 1999)
00954 = MINNESOTA - WISCONSIN PHY SVC (EFF. 2000)
00973 = TRIPLE-S, INC. - PUERTO RICO (EFF. 1983)
00974 = TRIPLE-S, INC. - VIRGIN ISLANDS
01020 = ALASKA - AETNA (EFF. 1983; TERM. 1997)
01030 = ARIZONA - AETNA (EFF. 1983; TERM. 1997)
01040 = GEORGIA - AETNA (EFF. 1988; TERM. 1997)
01120 = HAWAII - AETNA (EFF. 1983; TERM. 1997)
01290 = NEVADA - AETNA (EFF. 1983; TERM. 1997)
01360 = NEW MEXICO - AETNA (EFF. 1986; TERM. 1997)
01370 = OKLAHOMA - AETNA (EFF. 1983; TERM. 1997)
01380 = OREGON - AETNA (EFF. 1983; TERM. 1997
01390 = WASHINGTON - AETNA (EFF. 1994; TERM. 1997)
02050 = CALIFORNIA - TOLIC (EFF. 1983)
        (TERM. 2000)
03070 = CONNECTICUT GENERAL LIFE INSURANCE CO.
        (EFF. 1983; TERM. 1985)
05130 = IDAHO - CONNECTICUT GENERAL (EFF. 1983)
05320 = NEW MEXICO - EQUITABLE INSURANCE
        (EFF. 1983; TERM. 1985)
05440 = TENNESSEE - CONNECTICUT GENERAL (EFF. 1983)
05530 = WYOMING - EQUITABLE INSURANCE (EFF. 1983)
        (TERM. 1989)
05535 = NORTH CAROLINA - CONNECTICUT GENERAL
        (EFF. 1988)
05655 = DMERC-D - CONNECTICUT GENERAL (EFF. 1993)
10071 = RAILROAD BOARD TRAVELERS (EFF. 1983)
        (TERM. 2000)
10230 = CONNECTICUT - METRA HEALTH (EFF. 1986)
        (TERM. 2000)
10240 = MINNESOTA - METRA HEALTH (EFF. 1983)
        (TERM. 2000)
10250 = MISSISSIPPI - METRA HEALTH (EFF. 1983)
        (TERM. 2000)
10490 = VIRGINIA - METRA HEALTH (EFF. 1983)
        (TERM. 2000)
10555 = TRAVELERS INSURANCE CO. (EFF. 1993)
        (TERM. 2000)
11260 = MISSOURI - GENERAL AMERICAN LIFE
        (EFF. 1983; TERM. 1998)
14330 = NEW YORK - GHI (EFF. 1983)
16360 = OHIO - NATIONWIDE INSURANCE CO.
16510 = WEST VIRGINIA - NATIONWIDE INSURANCE CO.
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                          21200 = MAINE - BS OF MASSACHUSETTS
                          31140 = CALIFORNIA - NATIONAL HERITAGE INS.
                          31142 = MAINE - NATIONAL HERITAGE INS.
                          31143 = MASSACHUSETTS - NATIONAL HERITAGE INS.
                          31144 = NEW HAMPSHIRE - NATIONAL HERITAGE INS.
                          31145 = VERMONT - NATIONAL HERITAGE INS.
1          CARR_NUM_TB                              CARRIER NUMBER TABLE
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                          31146 = SO. CALIFORNIA - NHIC (EFF. 2000)


1          CLM_DISP_TB                             CLAIM DISPOSITION TABLE
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                          01 = DEBIT ACCEPTED
                          02 = DEBIT ACCEPTED (AUTOMATIC ADJUSTMENT)
                             APPLICABLE THROUGH 4/4/93
                          03 = CANCEL ACCEPTED
                          61 = *CONVERSION CODE: DEBIT ACCEPTED
                          62 = *CONVERSION CODE: DEBIT ACCEPTED
                              (AUTOMATIC ADJUSTMENT)
                          63 = *CONVERSION CODE: CANCEL ACCEPTED

                            *USED ONLY DURING CONVERSION PERIOD:
                                  1/1/91 - 2/21/91

1  CTGRY_EQTBL_BENE_IDENT_TB     CATEGORY EQUATABLE BENEFICIARY IDENTIFICATION CODE (BIC) TABLE
   -------------------------     -------------------------------------------------------------



                          NCH BIC              SSA CATEGORIES
                          -------              --------------

                          A  = A;J1;J2;J3;J4;M;M1;T;TA
                          B  = B;B2;B6;D;D4;D6;E;E1;K1;K2;K3;K4;W;W6;
                               TB(F);TD(F);TE(F);TW(F)
                          B1 = B1;BR;BY;D1;D5;DC;E4;E5;W1;WR;TB(M)
                               TD(M);TE(M);TW(M)
                          B3 = B3;B5;B9;D2;D7;D9;E2;E3;K5;K6;K7;K8;W2
                               W7;TG(F);TL(F);TR(F);TX(F)
                          B4 = B4;BT;BW;D3;DM;DP;E6;E9;W3;WT;TG(M)
                               TL(M);TR(M);TX(M)
                          B8 = B8;B7;BN;D8;DA;DV;E7;EB;K9;KA;KB;KC;W4
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                    W8;TH(F);TM(F);TS(F);TY(F)
        BA = BA;BK;BP;DD;DL;DW;E8;EC;KD;KE;KF;KG;W9
                    WC;TJ(F);TN(F);TT(F);TZ(F)
        BD = BD;BL;BQ;DG;DN;DY;EA;ED;KH;KJ;KL;KM;WF
                    WJ;TK(F);TP(F);TU(F);TV(F)
        BG = BG;DH;DQ;DS;EF;EJ;W5;TH(M);TM(M);TS(M)
                    TY(M)
        BH = BH;DJ;DR;DX;EG;EK;WB;TJ(M);TN(M);TT(M)
                    TZ(M)
        BJ = BJ;DK;DT;DZ;EH;EM;WG;TK(M);TP(M);TU(M)
                    TV(M)
        C1 = C1;TC
        C2 = C2;T2
        C3 = C3;T3
        C4 = C4;T4
        C5 = C5;T5
        C6 = C6;T6
        C7 = C7;T7
        C8 = C8;T8
        C9 = C9;T9
        F1 = F1;TF
        F2 = F2;TQ
        F3-F8 = EQUATABLE ONLY TO ITSELF (E.G., F3 IS
                EQUATABLE TO F3)
        CA-CZ = EQUATABLE ONLY TO ITSELF.  (E.G., CA IS
                ONLY EQUATABLE TO CA)


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                            RRB CATEGORIES


        10 = 10
        11 = 11
        13 = 13;17
        14 = 14;16
        15 = 15
        43 = 43
        45 = 45
        46 = 46
        80 = 80
        83 = 83
        84 = 84;86
        85 = 85
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  1       GEO_SSA_STATE_TB                                           STATE TABLE
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01 = ALABAMA
02 = ALASKA
03 = ARIZONA
04 = ARKANSAS
05 = CALIFORNIA
06 = COLORADO
07 = CONNECTICUT
08 = DELAWARE
09 = DISTRICT OF COLUMBIA
10 = FLORIDA
11 = GEORGIA
12 = HAWAII
13 = IDAHO
14 = ILLINOIS
15 = INDIANA
16 = IOWA
17 = KANSAS
18 = KENTUCKY
19 = LOUISIANA
20 = MAINE
21 = MARYLAND
22 = MASSACHUSETTS
23 = MICHIGAN
24 = MINNESOTA
25 = MISSISSIPPI
26 = MISSOURI
27 = MONTANA
28 = NEBRASKA
29 = NEVADA
30 = NEW HAMPSHIRE
31 = NEW JERSEY
32 = NEW MEXICO
33 = NEW YORK
34 = NORTH CAROLINA
35 = NORTH DAKOTA
36 = OHIO
37 = OKLAHOMA
38 = OREGON
39 = PENNSYLVANIA
40 = PUERTO RICO
41 = RHODE ISLAND
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                                42 = SOUTH CAROLINA
                                43 = SOUTH DAKOTA
                                44 = TENNESSEE
                                45 = TEXAS
                                46 = UTAH
                                47 = VERMONT
                                48 = VIRGIN ISLANDS
                                49 = VIRGINIA
                                50 = WASHINGTON
                                51 = WEST VIRGINIA
                                52 = WISCONSIN
                                53 = WYOMING
                                54 = AFRICA
                                55 = ASIA
                                56 = CANADA & ISLANDS
                                57 = CENTRAL AMERICA AND WEST INDIES
1       GEO_SSA_STATE_TB                                   STATE TABLE
        ----------------                                   -----------

                                58 = EUROPE
                                59 = MEXICO
                                60 = OCEANIA
                                61 = PHILIPPINES
                                62 = SOUTH AMERICA
                                63 = U.S. POSSESSIONS
                                64 = AMERICAN SAMOA
                                65 = GUAM
                                66 = SAIPAN
                                97 = NORTHERN MARIANAS
                                98 = GUAM
                                99 = WITH 000 COUNTY CODE IS AMERICAN SAMOA;
                                     OTHERWISE UNKNOWN

1       HCFA_PRVDR_SPCLTY_TB                      HCFA PROVIDER SPECIALTY TABLE
        --------------------                      -----------------------------


                                   **PRIOR TO 5/92**

                                01 = GENERAL PRACTICE
                                02 = GENERAL SURGERY
                                03 = ALLERGY (REVISED 10/91 TO MEAN ALLERGY/
                                     IMMUNOLOGY)
                                04 = OTOLOGY, LARYNGOLOGY, RHINOLOGY
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                              REVISED 10/91 TO MEAN OTOLARYNGOLOGY)
                    05 = ANESTHESIOLOGY
                    06 = CARDIOVASCULAR DISEASE (REVISED 10/91
                         TO MEAN CARDIOLOGY)
                    07 = DERMATOLOGY
                    08 = FAMILY PRACTICE
                    09 = GYNECOLOGY--OSTEOPATHS ONLY (DELETED
                         10/91; CHANGED TO '16')
                    10 = GASTROENTEROLOGY
                    11 = INTERNAL MEDICINE
                    12 = MANIPULATIVE THERAPY (OSTEOPATHS ONLY)
                          (REVISED 10/91 TO MEAN OSTEOPATHIC
                         MANIPULATIVE THERAPY)
                    13 = NEUROLOGY
                    14 = NEUROLOGICAL SURGERY (REVISED 10/91 TO
                         MEAN NEUROSURGERY)
                    15 = OBSTETRICS--OSTEOPATHS ONLY (DELETED
                         10/91; CHANGED TO '16')
                    16 = OB-GYNECOLOGY
                    17 = OPHTHALMOLOGY, OTOLOGY, LARYNGOLOGY
                         RHINOLOGY--OSTEOPATHS ONLY (DELETED
                         10/91; CHANGED TO '18' IF PHYSICIANS
                         PRACTICE IS MORE THAN 50% OPHTHALMOLOGY
                         OR TO '04' IF PHYSICIAN'S PRACTICE IS
                         MORE THAN 50% OTOLARYNGOLOGY.  IF
                         PRACTICE IS 50/50, CHOOSE SPECIALTY
                         WITH GREATER ALLOWED CHARGES.
                    18 = OPHTHALMOLOGY
                    19 = ORAL SURGERY (DENTISTS ONLY)
                    20 = ORTHOPEDIC SURGERY
                    21 = PATHOLOGIC ANATOMY, CLINICAL PATHOLOGY-
                         OSTEOPATHS ONLY (DELETED 10/91;
                         CHANGED TO '22')
                    22 = PATHOLOGY
                    23 = PERIPHERAL VASCULAR DISEASE OR SURGERY
                          (DELETED 10/91; CHANGED TO '76')
                    24 = PLASTIC SURGERY (REVISED TO MEAN
                         PLASTIC AND RECONSTRUCTIVE SURGERY).
                    25 = PHYSICAL MEDICINE AND REHABILITATION
                    26 = PSYCHIATRY
                    27 = PSYCHIATRY, NEUROLOGY (OSTEOPATHS ONLY)
                          (DELETED 10/91; CHANGED TO '86')
                    28 = PROCTOLOGY (REVISED 10/91 TO MEAN
                         COLORECTAL SURGERY).
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                              29 = PULMONARY DISEASE
                              30 = RADIOLOGY (REVISED 10/91 TO MEAN
                                   DIAGNOSTIC RADIOLOGY)
                              31 = ROENTGENOLOGY, RADIOLOGY (OSTEOPATHS)
                                   (DELETED 10/91; CHANGED TO '30')
                              32 = RADIATION THERAPY--OSTEOPATHS (DELETED
1      HCFA_PRVDR_SPCLTY_TB                 HCFA PROVIDER SPECIALTY TABLE
       --------------------                 -----------------------------

                                   10/91; CHANGED TO '92')
                              33 = THORACIC SURGERY
                              34 = UROLOGY
                              35 = CHIROPRACTOR, LICENSED (REVISED 10/91
                                   TO MEAN CHIROPRACTIC)
                              36 = NUCLEAR MEDICINE
                              37 = PEDIATRICS (REVISED 10/91 TO MEAN
                                   PEDIATRIC MEDICINE)
                              38 = GERIATRICS (REVISED 10/91 TO MEAN
                                   GERIATRIC MEDICINE)
                              39 = NEPHROLOGY
                              40 = HAND SURGERY
                              41 = OPTOMETRIST - SERVICES RELATED TO
                                   CONDITION OF APHAKIA (REVISED 10/91 TO
                                   MEAN OPTOMETRIST)
                              42 = CERTIFIED NURSE MIDWIFE (ADDED 7/88)
                              43 = CERTIFIED REGISTERED NURSE ANESTHETIST
                                   (REVISED 10/91 TO MEAN CRNA,
                                   ANESTHESIA ASSISTANT)
                              44 = INFECTIOUS DISEASE
                              46 = ENDOCRINOLOGY (ADDED 10/91)
                              48 = PODIATRY - SURGERY CHIROPODY (REVISED
                                   10/91 TO MEAN PODIATRY)
                              49 = MISCELLANEOUS (INCLUDE ASCS)
                              51 = MEDICAL SUPPLY COMPANY WITH C.O.
                                   CERTIFICATION (CERTIFIED ORTHOTIST -
                                   CERTIFIED BY AMERICAN BOARD FOR
                                   CERTIFICATION IN PROSTHETICS AND
                                   ORTHOTICS.
                              52 = MEDICAL SUPPLY COMPANY WITH C.P.
                                   CERTIFICATION (CERTIFIED PROSTHETIST -
                                   CERTIFIED BY AMERICAN BOARD FOR
                                   CERTIFICATION IN PROSTHETICS AND ORTHOTICS).
                              53 = MEDICAL SUPPLY COMPANY WITH C.P.O.
                                   CERTIFICATION (CERTIFIED PROSTHETIST -
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                                       ORTHOTIST - CERTIFIED BY AMERICAN
                                       BOARD FOR CERTIFICATION IN PROSTHETICS
                                       AND ORTHOTICS).
                             54 = MEDICAL SUPPLY COMPANY NOT INCLUDED IN
                                       51, 52, OR 53.
                             55 = INDIVIDUAL CERTIFIED ORTHOTIST
                             56 = INDIVIDUAL CERTIFIED PROSTHETIST
                             57 = INDIVIDUAL CERTIFIED PROSTHETIST -
                                       ORTHOTIST
                             58 = INDIVIDUALS NOT INCLUDED IN 55,56 OR 57
                             59 = AMBULANCE SERVICE SUPPLIER (E.G.
                                       PRIVATE AMBULANCE COMPANIES, FUNERAL
                                       HOMES, ETC.)
                             60 = PUBLIC HEALTH OR WELFARE AGENCIES
                                       (FEDERAL, STATE, AND LOCAL)
                             61 = VOLUNTARY HEALTH OR CHARITABLE AGENCIES
                                       (E.G. NATIONAL CANCER SOCIETY, NATIONAL
                                       HEART ASSOCIATION, CATHOLIC CHARITIES)
                             62 = PSYCHOLOGIST--BILLING INDEPENDENTLY
                             63 = PORTABLE X-RAY SUPPLIER--BILLING
                                       INDEPENDENTLY (REVISED 10/91 TO MEAN
                                       PORTABLE X-RAY SUPPLIER)
                             64 = AUDIOLOGIST (BILLING INDEPENDENTLY)
    1     HCFA_PRVDR_SPCLTY_TB                    HCFA PROVIDER SPECIALTY TABLE
          --------------------                    -----------------------------

                             65 = PHYSICAL THERAPIST (INDEPENDENT PRACTICE)
                             66 = RHEUMATOLOGY (ADDED 10/91)
                             67 = OCCUPATIONAL THERAPIST--INDEPENDENT
                                       PRACTICE
                             68 = CLINICAL PSYCHOLOGIST
                             69 = INDEPENDENT LABORATORY--BILLING
                                       INDEPENDENTLY (REVISED 10/91 TO MEAN
                                       INDEPENDENT CLINICAL LABORATORY --
                                       BILLING INDEPENDENTLY)
                             70 = CLINIC OR OTHER GROUP PRACTICE, EXCEPT
                                       GROUP PRACTICE PREPAYMENT PLAN (GPPP)
                             71 = GROUP PRACTICE PREPAYMENT PLAN - DIAGNOSTIC
                                       X-RAY (DO NOT USE AFTER 1/92)
                             72 = GROUP PRACTICE PREPAYMENT PLAN - DIAGNOSTIC
                                       LABORATORY (DO NOT USE AFTER 1/92)
                             73 = GROUP PRACTICE PREPAYMENT PLAN -
                                       PHYSIOTHERAPY (DO NOT USE AFTER 1/92)
                             74 = GROUP PRACTICE PREPAYMENT PLAN - OCCUPATIONAL
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                                          THERAPY (DO NOT USE AFTER 1/92)
                                75 = GROUP PRACTICE PREPAYMENT PLAN - OTHER
                                     MEDICAL CARE (DO NOT USE AFTER 1/92)
                                76 = PERIPHERAL VASCULAR DISEASE
                                     (ADDED 10/91)
                                77 = VASCULAR SURGERY (ADDED 10/91)
                                78 = CARDIAC SURGERY (ADDED 10/91)
                                79 = ADDICTION MEDICINE (ADDED 10/91)
                                8O = CLINICAL SOCIAL WORKER (1991)
                                81 = CRITICAL CARE-INTENSIVISTS (ADDED 10/91)
                                82 = OPHTHALMOLOGY, CATARACTS SPECIALTY
                                     (ADDED 10/91; USED ONLY UNTIL 5/92)
                                83 = HEMATOLOGY/ONCOLOGY (ADDED 10/91)
                                84 = PREVENTIVE MEDICINE (ADDED 10/91)
                                85 = MAXILLOFACIAL SURGERY (ADDED 10/91)
                                86 = NEUROPSYCHIATRY (ADDED 10/91)
                                87 = ALL OTHER (E.G. DRUG AND DEPARTMENT
                                     STORES) (REVISED 10/91 TO MEAN ALL
                                     OTHER SUPPLIERS)
                                88 = UNKNOWN (REVISED 10/91 TO MEAN
                                     PHYSICIAN ASSISTANT)
                                90 = MEDICAL ONCOLOGY (ADDED 10/91)
                                91 = SURGICAL ONCOLOGY (ADDED 10/91)
                                92 = RADIATION ONCOLOGY (ADDED 10/91)
                                93 = EMERGENCY MEDICINE (ADDED 10/91)
                                94 = INTERVENTIONAL RADIOLOGY (ADDED 10/91)
                                95 = INDEPENDENT PHYSIOLOGICAL LABORATORY
                                     (ADDED 10/91)
                                96 = UNKNOWN PHYSICIAN SPECIALTY
                                     (ADDED 10/91)
                                99 = UNKNOWN--INCL. SOCIAL WORKER'S
                                     PSYCHIATRIC SERVICES (REVISED 10/91 TO
                                     MEAN UNKNOWN SUPPLIER/PROVIDER)
                                   ----------------------------------------
                                              **EFFECTIVE 5/92**

                                00 = CARRIER WIDE
                                01 = GENERAL PRACTICE
                                02 = GENERAL SURGERY
                                03 = ALLERGY/IMMUNOLOGY
    1     HCFA_PRVDR_SPCLTY_TB                      HCFA PROVIDER SPECIALTY TABLE
          --------------------                      -----------------------------

                                04 = OTOLARYNGOLOGY
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05 = ANESTHESIOLOGY
06 = CARDIOLOGY
07 = DERMATOLOGY
08 = FAMILY PRACTICE
09 = GYNECOLOGY (OSTEOPATHS ONLY)
     (DISCONTINUED 5/92 USE CODE 16)
10 = GASTROENTEROLOGY
11 = INTERNAL MEDICINE
12 = OSTEOPATHIC MANIPULATIVE THERAPY
13 = NEUROLOGY
14 = NEUROSURGERY
15 = OBSTETRICS (OSTEOPATHS ONLY)
     (DISCONTINUED 5/92 USE CODE 16)
16 = OBSTETRICS/GYNECOLOGY
17 = OPHTHALMOLOGY, OTOLOGY, LARYNGOLOGY,
     RHINOLOGY (OSTEOPATHS ONLY)
     (DISCONTINUED 5/92 USE CODES 18 OR 04
     DEPENDING ON PERCENTAGE OF PRACTICE)
18 = OPHTHALMOLOGY
19 = ORAL SURGERY (DENTISTS ONLY)
20 = ORTHOPEDIC SURGERY
21 = PATHOLOGIC ANATOMY, CLINICAL
     PATHOLOGY (OSTEOPATHS ONLY)
     (DISCONTINUED 5/92 USE CODE 22)
22 = PATHOLOGY
23 = PERIPHERAL VASCULAR DISEASE, MEDICAL
     OR SURGICAL (OSTEOPATHS ONLY)
     (DISCONTINUED 5/92 USE CODE 76)
24 = PLASTIC AND RECONSTRUCTIVE SURGERY
25 = PHYSICAL MEDICINE AND REHABILITATION
26 = PSYCHIATRY
27 = PSYCHIATRY, NEUROLOGY (OSTEOPATHS
     ONLY) (DISCONTINUED 5/92 USE CODE 86)
28 = COLORECTAL SURGERY (FORMERLY
     PROCTOLOGY)
29 = PULMONARY DISEASE
30 = DIAGNOSTIC RADIOLOGY
31 = ROENTGENOLOGY, RADIOLOGY (OSTEOPATHS
     ONLY) (DISCONTINUED 5/92 USE CODE 30)
32 = RADIATION THERAPY (OSTEOPATHS ONLY)
     (DISCONTINUED 5/92 USE CODE 92)
33 = THORACIC SURGERY
34 = UROLOGY
35 = CHIROPRACTIC
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                                    36 = NUCLEAR MEDICINE
                                    37 = PEDIATRIC MEDICINE
                                    38 = GERIATRIC MEDICINE
                                    39 = NEPHROLOGY
                                    40 = HAND SURGERY
                                    41 = OPTOMETRY (REVISED 10/93 TO
                                         MEAN OPTOMETRIST)
                                    42 = CERTIFIED NURSE MIDWIFE (EFF 1/87)
                                    43 = CRNA, ANESTHESIA ASSISTANT
                                         (EFF 1/87)
                                    44 = INFECTIOUS DISEASE
                                    45 = MAMMOGRAPHY SCREENING CENTER
                                    46 = ENDOCRINOLOGY (EFF 5/92)
1      HCFA_PRVDR_SPCLTY_TB                      HCFA PROVIDER SPECIALTY TABLE
       --------------------                      ----------------------------

                                    47 = INDEPENDENT DIAGNOSTIC TESTING FACILITY
                                         (IDTF) (EFF. 6/98)
                                    48 = PODIATRY
                                    49 = AMBULATORY SURGICAL CENTER
                                         (FORMERLY MISCELLANEOUS)
                                    50 = NURSE PRACTITIONER
                                    51 = MEDICAL SUPPLY COMPANY WITH
                                         CERTIFIED ORTHOTIST (CERTIFIED BY
                                         AMERICAN BOARD FOR CERTIFICATION IN
                                         PROSTHETICS AND ORTHOTICS)
                                    52 = MEDICAL SUPPLY COMPANY WITH
                                         CERTIFIED PROSTHETIST
                                         (CERTIFIED BY AMERICAN BOARD FOR
                                         CERTIFICATION IN PROSTHETICS AND
                                         ORTHOTICS)
                                    53 = MEDICAL SUPPLY COMPANY WITH
                                         CERTIFIED PROSTHETIST-ORTHOTIST
                                         (CERTIFIED BY AMERICAN BOARD FOR
                                         CERTIFICATION IN PROSTHETICS
                                         AND ORTHOTICS)
                                    54 = MEDICAL SUPPLY COMPANY NOT INCLUDED
                                         IN 51, 52, OR 53.  (REVISED 10/93
                                         TO MEAN MEDICAL SUPPLY COMPANY FOR DMERC)
                                    55 = INDIVIDUAL CERTIFIED ORTHOTIST
                                    56 = INDIVIDUAL CERTIFIED PROSTHETIST
                                    57 = INDIVIDUAL CERTIFIED PROSTHETIST-
                                         ORTHOTIST
                                    58 = INDIVIDUALS NOT INCLUDED IN 55, 56,
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                                     OR 57 (REVISED 10/93  TO MEAN MEDICAL
                                     SUPPLY COMPANY WITH REGISTERED
                                     PHARMACIST)
                           59 = AMBULANCE SERVICE SUPPLIER, E.G.,
                                PRIVATE AMBULANCE COMPANIES, FUNERAL
                                HOMES, ETC.
                           60 = PUBLIC HEALTH OR WELFARE AGENCIES
                                (FEDERAL, STATE, AND LOCAL)
                           61 = VOLUNTARY HEALTH OR CHARITABLE
                                AGENCIES (E.G., NATIONAL CANCER
                                SOCIETY, NATIONAL HEART ASSOCIIATION,
                                CATHOLIC CHARITIES)
                           62 = PSYCHOLOGIST (BILLING INDEPENDENTLY)
                           63 = PORTABLE X-RAY SUPPLIER
                           64 = AUDIOLOGIST (BILLING INDEPENDENTLY)
                           65 = PHYSICAL THERAPIST (INDEPENDENTLY
                                PRACTICING)
                           66 = RHEUMATOLOGY (EFF 5/92)
                                NOTE: DURING 93/94 DMERC ALSO USED THIS
                                TO MEAN MEDICAL SUPPLY COMPANY WITH
                                RESPIRATORY THERAPIST
                           67 = OCCUPATIONAL THERAPIST (INDEPENDENTLY
                                PRACTICING)
                           68 = CLINICAL PSYCHOLOGIST
                           69 = CLINICAL LABORATORY (BILLING
                                INDEPENDENTLY)
                           70 = MULTISPECIALTY CLINIC OR GROUP
                                PRACTICE
                           71 = DIAGNOSTIC X-RAY (GPPP) (NOT TO
                                BE ASSIGNED AFTER 5/92)
  1     HCFA_PRVDR_SPCLTY_TB                       HCFA PROVIDER SPECIALTY TABLE
        --------------------                       -----------------------------

                           72 = DIAGNOSTIC LABORATORY (GPPP)
                                (NOT TO BE ASSIGNED AFTER 5/92)
                           73 = PHYSIOTHERAPY (GPPP) (NOT TO BE
                                ASSIGNED AFTER 5/92)
                           74 = OCCUPATIONAL THERAPY (GPPP)
                                (NOT TO BE ASSIGNED AFTER 5/92)
                           75 = OTHER MEDICAL CARE (GPPP) (NOT TO
                                ASSIGNED AFTER 5/92)
                           76 = PERIPHERAL VASCULAR DISEASE
                                (EFF 5/92)
                           77 = VASCULAR SURGERY (EFF 5/92)
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78 = CARDIAC SURGERY (EFF 5/92)
79 = ADDICTION MEDICINE (EFF 5/92)
80 = LICENSED CLINICAL SOCIAL WORKER
81 = CRITICAL CARE (INTENSIVISTS)
     (EFF 5/92)
82 = HEMATOLOGY (EFF 5/92)
83 = HEMATOLOGY/ONCOLOGY (EFF 5/92)
84 = PREVENTIVE MEDICINE (EFF 5/92)
85 = MAXILLOFACIAL SURGERY (EFF 5/92)
86 = NEUROPSYCHIATRY (EFF 5/92)
87 = ALL OTHER SUPPLIERS (E.G. DRUG AND
     DEPARTMENT STORES) (NOTE: DMERC USED
     87 TO MEAN DEPARTMENT STORE FROM 10/93
     THROUGH 9/94; RECODED EFF 10/94 TO A7;
     NCH CROSS-WALKED DMERC REPORTED 87 TO A7.
88 = UNKNOWN SUPPLIER/PROVIDER SPECIALTY
     (NOTE: DMERC USED 87 TO MEAN GROCERY
     STORE FROM 10/93 - 9/94; RECODED EFF
     10/94 TO A8; NCH CROSS-WALKED DMERC
     REPORTED 88 TO A8.
89 = CERTIFIED CLINICAL NURSE SPECIALIST
90 = MEDICAL ONCOLOGY (EFF 5/92)
91 = SURGICAL ONCOLOGY (EFF 5/92)
92 = RADIATION ONCOLOGY (EFF 5/92)
93 = EMERGENCY MEDICINE (EFF 5/92)
94 = INTERVENTIONAL RADIOLOGY (EFF 5/92)
95 = INDEPENDENT PHYSIOLOGICAL
     LABORATORY (EFF 5/92)
96 = OPTICIAN (EFF 10/93)
97 = PHYSICIAN ASSISTANT (EFF 5/92)
98 = GYNECOLOGIST/ONCOLOGIST (EFF 10/94)
99 = UNKNOWN PHYSICIAN SPECIALTY
A0 = HOSPITAL (EFF 10/93) (DMERCS ONLY)
A1 = SNF (EFF 10/93) (DMERCS ONLY)
A2 = INTERMEDIATE CARE NURSING FACILITY
     (EFF 10/93) (DMERCS ONLY)
A3 = NURSING FACILITY, OTHER (EFF 10/93)
     (DMERCS ONLY)
A4 = HHA (EFF 10/93) (DMERCS ONLY)
A5 = PHARMACY (EFF 10/93) (DMERCS ONLY)
A6 = MEDICAL SUPPLY COMPANY WITH RESPIRATORY
     THERAPIST (EFF 10/93) (DMERCS ONLY)
A7 = DEPARTMENT STORE (FOR DMERC USE:
     EFF 10/94, BUT CROSS-WALKED FROM
```

```
                                          CODE 87 EFF 10/93)
                                 A8 = GROCERY STORE (FOR DMERC USE:
                                      EFF 10/94, BUT CROSS-WALKED FROM
1      HCFA_PRVDR_SPCLTY_TB                    HCFA PROVIDER SPECIALTY TABLE
       --------------------                    ----------------------------

                                          CODE 88 EFF 10/93)


1      HCFA_TYPE_SRVC_TB                             HCFA TYPE OF SERVICE TABLE
       -----------------                             --------------------------


                                 1 = MEDICAL CARE
                                 2 = SURGERY
                                 3 = CONSULTATION
                                 4 = DIAGNOSTIC RADIOLOGY
                                 5 = DIAGNOSTIC LABORATORY
                                 6 = THERAPEUTIC RADIOLOGY
                                 7 = ANESTHESIA
                                 8 = ASSISTANT AT SURGERY
                                 9 = OTHER MEDICAL ITEMS OR SERVICES
                                 0 = WHOLE BLOOD ONLY EFF 01/96,
                                     WHOLE BLOOD OR PACKED RED CELLS BEFORE 01/96
                                 A = USED DURABLE MEDICAL EQUIPMENT (DME)
                                 B = HIGH RISK SCREENING MAMMOGRAPHY
                                     (OBSOLETE 1/1/98)
                                 C = LOW RISK SCREENING MAMMOGRAPHY
                                     (OBSOLETE 1/1/98)
                                 D = AMBULANCE (EFF 04/95)
                                 E = ENTERAL/PARENTERAL NUTRIENTS/SUPPLIES
                                     (EFF 04/95)
                                 F = AMBULATORY SURGICAL CENTER (FACILITY
                                     USAGE FOR SURGICAL SERVICES)
                                 G = IMMUNOSUPPRESSIVE DRUGS
                                 H = HOSPICE SERVICES (DISCONTINUED 01/95)
                                 I = PURCHASE OF DME (INSTALLMENT BASIS)
                                     (DISCONTINUED 04/95)
                                 J = DIABETIC SHOES (EFF 04/95)
                                 K = HEARING ITEMS AND SERVICES (EFF 04/95)
                                 L = ESRD SUPPLIES (EFF 04/95)
                                     (RENAL SUPPLIER IN THE HOME BEFORE 04/95)
                                 M = MONTHLY CAPITATION PAYMENT FOR DIALYSIS
                                 N = KIDNEY DONOR
                                 P = LUMP SUM PURCHASE OF DME, PROSTHETICS,
```

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                                   ORTHOTICS
                         Q = VISION ITEMS OR SERVICES
                         R = RENTAL OF DME
                         S = SURGICAL DRESSINGS OR OTHER MEDICAL SUPPLIES
                             (EFF 04/95)
                         T = PSYCHOLOGICAL THERAPY (TERM. 12/31/97)
                             OUTPATIENT MENTAL HEALTH LIMITATION (EFF. 1/1/98)
                         U = OCCUPATIONAL THERAPY
                         V = PNEUMOCOCCAL/FLU VACCINE (EFF 01/96),
                             PNEUMOCOCCAL/FLU/HEPATITIS B VACCINE (EFF 04/95-12/95),
                             PNEUMOCOCCAL ONLY BEFORE 04/95
                         W = PHYSICAL THERAPY
                         Y = SECOND OPINION ON ELECTIVE SURGERY
                             (OBSOLETED 1/97)
                         Z = THIRD OPINION ON ELECTIVE SURGERY
                             (OBSOLETED 1/97)

  1 LINE_ADDTNL_CLM_DCMTN_IND_TB           LINE ADDITIONAL CLAIM DOCUMENTATION INDICATOR TABLE
    ----------------------------           ---------------------------------------------------


                         0 = NO ADDITIONAL DOCUMENTATION
                         1 = ADDITIONAL DOCUMENTATION SUBMITTED FOR
                             NON-DME EMC CLAIM
                         2 = CMN/PRESCRIPTION/OTHER DOCUMENTATION SUBMITTED
                             WHICH JUSTIFIES MEDICAL NECESSITY
                         3 = PRIOR AUTHORIZATION OBTAINED AND APPROVED
                         4 = PRIOR AUTHORIZATION REQUESTED BUT NOT APPROVED
                         5 = CMN/PRESCRIPTION/OTHER DOCUMENTATION SUBMITTED
                             BUT DID NOT JUSTIFY MEDICAL NECESSITY
                         6 = CMN/PRESCRIPTION/OTHER DOCUMENTATION SUBMITTED
                             AND APPROVED AFTER PRIOR AUTHORIZATION REJECTED
                         7 = RECERTIFICATION CMN/PRESCRIPTION/OTHER
                             DOCUMENTATION

  1       LINE_PLC_SRVC_TB                         LINE PLACE OF SERVICE TABLE
          ----------------                         ---------------------------


                                 **PRIOR TO 1/92**

                         1 = OFFICE
                         2 = HOME
                         3 = INPATIENT HOSPITAL
```

```
4 = SNF
5 = OUTPATIENT HOSPITAL
6 = INDEPENDENT LAB
7 = OTHER
8 = INDEPENDENT KIDNEY DISEASE TREATMENT
    CENTER
9 = AMBULATORY
A = AMBULANCE SERVICE
H = HOSPICE
M = MENTAL HEALTH, RURAL MENTAL HEALTH
N = NURSING HOME
R = RURAL CODES


    ---------------------------------------
              **EFFECTIVE 1/92**

11 = OFFICE
12 = HOME
21 = INPATIENT HOSPITAL
22 = OUTPATIENT HOSPITAL
23 = EMERGENCY ROOM - HOSPITAL
24 = AMBULATORY SURGICAL CENTER
25 = BIRTHING CENTER
26 = MILITARY TREATMENT FACILITY
31 = SKILLED NURSING FACILITY
32 = NURSING FACILITY
33 = CUSTODIAL CARE FACILITY
34 = HOSPICE
35 = ADULT LIVING CARE FACILITIES (ALCF)
     (EFF. NYD - ADDED 12/3/97)
41 = AMBULANCE - LAND
42 = AMBULANCE - AIR OR WATER
50 = FEDERALLY QUALIFIED HEALTH CENTERS
     (EFF. 10/1/93)
51 = INPATIENT PSYCHIATRIC FACILITY
52 = PSYCHIATRIC FACILITY PARTIAL HOSPITALIZATION
53 = COMMUNITY MENTAL HEALTH CENTER
54 = INTERMEDIATE CARE FACILITY/MENTALLY
     RETARDED
55 = RESIDENTIAL SUBSTANCE ABUSE TREATMENT
     FACILITY
56 = PSYCHIATRIC RESIDENTIAL TREATMENT
     CENTER
60 = MASS IMMUNIZATIONS CENTER (EFF. 9/1/97)
```

```
                              61 = COMPREHENSIVE INPATIENT REHABILITATION
                                   FACILITY
                              62 = COMPREHENSIVE OUTPATIENT REHABILITATION
                                   FACILITY
                              65 = END STAGE RENAL DISEASE TREATMENT FACILITY
                              71 = STATE OR LOCAL PUBLIC HEALTH CLINIC
                              72 = RURAL HEALTH CLINIC
                              81 = INDEPENDENT LABORATORY
1      LINE_PLC_SRVC_TB                          LINE PLACE OF SERVICE TABLE
       ----------------                          ---------------------------

                              99 = OTHER UNLISTED FACILITY


1      LINE_PMT_IND_TB                           LINE PAYMENT INDICATOR TABLE
       ---------------                           ----------------------------


                              1 = ACTUAL CHARGE
                              2 = CUSTOMARY CHARGE
                              3 = PREVAILING CHARGE (ADJUSTED, UNADJUSTED
                                  GAP FILL, ETC)
                              4 = OTHER (ASC FEES, RADIOLOGY AND
                                  OUTPATIENT LIMITS, AND NON-PAYMENT
                                  BECAUSE OF DENIAL.
                              5 = LAB FEE SCHEDULE
                              6 = PHYSICIAN FEE SCHEDULE - FULL FEE
                                  SCHEDULE AMOUNT
                              7 = PHYSICIAN FEE SCHEDULE - TRANSITION
                              8 = CLINICAL PSYCHOLOGIST FEE SCHEDULE
                              9 = DME AND PROSTHETICS/ORTHOTICS FEE
                                  SCHEDULES (EFF. 4/97)

1      LINE_PRCSG_IND_TB                         LINE PROCESSING INDICATOR TABLE
       -----------------                         -------------------------------


                              A = ALLOWED
                              B = BENEFITS EXHAUSTED
                              C = NONCOVERED CARE
                              D = DENIED (EXISTED PRIOR TO 1991; FROM
                                  BMAD)
                              I = INVALID DATA
                              L = CLIA (EFF 9/92)
                              M = MULTIPLE SUBMITTAL--DUPLICATE LINE ITEM
```

```
                                 N = MEDICALLY UNNECESSARY
                                 O = OTHER
                                 P = PHYSICIAN OWNERSHIP DENIAL (EFF 3/92)
                                 Q = MSP COST AVOIDED (CONTRACTOR #88888) -
                                     VOLUNTARY AGREEMENT (EFF. 1/98)
                                 R = REPROCESSED--ADJUSTMENTS BASED ON
                                     SUBSEQUENT REPROCESSING OF CLAIM
                                 S = SECONDARY PAYER
                                 T = MSP COST AVOIDED - IEQ CONTRACTOR
                                     (EFF. 7/76)
                                 U = MSP COST AVOIDED - HMO RATE CELL
                                     ADJUSTMENT (EFF. 7/96)
                                 V = MSP COST AVOIDED - LITIGATION
                                     SETTLEMENT (EFF. 7/96)
                                 X = MSP COST AVOIDED - GENERIC
                                 Y = MSP COST AVOIDED - IRS/SSA DATA
                                     MATCH PROJECT
                                 Z = BUNDLED TEST, NO PAYMENT
                                     (EFF. 1/1/98)
```

```
1   LINE_PRVDR_PRTCPTG_IND_TB                LINE PROVIDER PARTICIPATING INDICATOR TABLE
    -------------------------                ------------------------------------------
```

```
                                 1 = PARTICIPATING
                                 2 = ALL OR SOME COVERED AND ALLOWED
                                     EXPENSES APPLIED TO DEDUCTIBLE PARTICIPATING
                                 3 = ASSIGNMENT ACCEPTED/NON-PARTICIPATING
                                 4 = ASSIGNMENT NOT ACCEPTED/NON-PARTICIPATING
                                 5 = ASSIGNMENT ACCEPTED BUT ALL OR SOME
                                     COVERED AND ALLOWED EXPENSES APPLIED
                                     TO DEDUCTIBLE NON-PARTICIPATING.
                                 6 = ASSIGNMENT NOT ACCEPTED AND ALL COVERED
                                     AND ALLOWED EXPENSES APPLIED TO DEDUCTIBLE
                                     NON-PARTICIPATING.
                                 7 = PARTICIPATING PROVIDER NOT ACCEPTING
                                     ASSIGNMENT.
```

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1      NCH_CLM_TYPE_TB                             NCH CLAIM TYPE TABLE
       ---------------                             --------------------
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```
                                 10 = HHA CLAIM
                                 20 = NON SWING BED SNF CLAIM
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                         30 = SWING BED SNF CLAIM
                         40 = OUTPATIENT CLAIM
                         41 = OUTPATIENT 'FULL-ENCOUNTER' CLAIM
                              (AVAILABLE IN NMUD)
                         42 = OUTPATIENT 'ABBREVIATED-ENCOUNTER' CLAIM
                              (AVAILABLE IN NMUD)
                         50 = HOSPICE CLAIM
                         60 = INPATIENT CLAIM
                         61 = INPATIENT 'FULL-ENCOUNTER' CLAIM
                         62 = INPATIENT 'ABBREVIATED-ENCOUNTER CLAIM
                              (AVAILABLE IN NMUD)
                         71 = RIC O LOCAL CARRIER NON-DMEPOS CLAIM
                         72 = RIC O LOCAL CARRIER DMEPOS CLAIM
                         73 = PHYSICIAN 'FULL-ENCOUNTER' CLAIM
                              (AVAILABLE IN NMUD)
                         81 = RIC M DMERC NON-DMEPOS CLAIM
                         82 = RIC M DMERC DMEPOS CLAIM


   1          NCH_EDIT_TB                              NCH EDIT TABLE
              -----------                              --------------


                         A0X1 = (C) PHYSICIAN-SUPPLIER ZIP CODE
                         A000 = (C) REIMB > $100,000 OR UNITS > 150
                         A002 = (C) CLAIM IDENTIFIER (CAN)
                         A003 = (C) BENEFICIARY IDENTIFICATION (BIC)
                         A004 = (C) PATIENT SURNAME BLANK
                         A005 = (C) PATIENT 1ST INITIAL NOT-ALPHABETIC
                         A006 = (C) DATE OF BIRTH IS NOT NUMERIC
                         A007 = (C) INVALID GENDER (0, 1, 2)
                         A008 = (C) INVALID QUERY-CODE (WAS CORRECTED)
                         A025 = (C) FOR OV 4, TOB MUST = 13,83,85,73
                         A1X1 = (C) PERCENT ALLOWED INDICATOR
                         A1X2 = (C) DT>97273,DG1=7611,DG<>103,163,1589
                         A1X3 = (C) DT>96365,DIAG=V725
                         A1X4 = (C) INVALID DIAGNOSTIC CODES
                         C050 = (U) HOSPICE - SPELL VALUE INVALID
                         D102 = (C) DME DATE OF BIRTH INVALID
                         D2X2 = (C) DME SCREEN SAVINGS INVALID
                         D2X3 = (C) DME SCREEN RESULT INVALID
                         D2X4 = (C) DME DECISION IND INVALID
                         D2X5 = (C) DME WAIVER OF PROV LIAB INVALID
                         D3X1 = (C) DME NATIONAL DRUG CODE INVALID
                         D4X1 = (C) DME BENE RESIDNC STATE CODE INVALID
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                             D4X2 = (C) DME OUT OF DMERC SERVICE AREA
                             D4X3 = (C) DME STATE CODE INVALID
                             D5X1 = (C) TOS INVALID FOR DME HCPCS
                             D5X2 = (C) DME HCPCS NOC & NOC DESCRIP MISSING
                             D5X3 = (C) DME INVALID USE OF MS MODIFIER
                             D5X4 = (C) TOS9 NDC REQD WHEN HCPCS OMITTED
                             D5X5 = (C) TOS9 NDC REQD FOR Q0127-130 HCPCS
                             D5X6 = (C) TOS9 NDC/DIAGNOSIS CODE INVALID
                             D6X1 = (C) DME SUPPLIER NUMBER MISSING
                             D7X1 = (C) DME PURCHASE ALLOWABLE INVALID
                             D919 = (C) CAPPED/PEN PUMPS,NUM OF SRVCS > 1
                             D921 = (C) SHOE HCPC W/O MOD RT,LT REQ U=2/4/6
                             XXXX = (D) SYS DUPL: HOST/BATCH/QUERY-CODE
                             Y001 = (C) HCPCS R0075/UNITS>1/SERVICES=1
                             Y002 = (C) HCPCS R0075/UNITS=1/SERVICES>1
                             Y003 = (C) HCPCS R0075/UNITS=SERVICES
                             Y010 = (C) TOB=13X/14X AND T.C.>$7,500
                             Y011 = (C) INP CLAIM/REIM > $75,000
                             Z001 = (C) RVNU 820-859 REQ COND CODE 71-76
                             Z002 = (C) CC M2 PRESENT/REIMB > $150,000
                             Z003 = (C) CC M2 PRESENT/UNITS > 150
                             Z004 = (C) CC M2 PRESENT/UNITS & REIM < MAX
                             Z005 = (C) REIMB>99999 AND REIMB<150000
                             Z006 = (C) UNITS>99 AND UNITS<150
                             Z237 = (E) HOSPICE OVERLAP - DATE ZERO
                             0011 = (C) ACTION CODE INVALID
                             0013 = (C) CABG/PCOE AND INVALID ADMIT DATE
                             0014 = (C) DEMO NUM NOT=01-06,08,15,31
                             0015 = (C) ESRD PLAN BUT DEMO ID NOT = 15
                             0016 = (C) INVALID VA CLAIM
                             0017 = (C) DEMO=31,TOB<>11 OR SPEC<>08
                             0018 = (C) DEMO=31,ACT CD<>1/5 OR ENT CD<>1/5
                             0020 = (C) CANCEL ONLY CODE INVALID
                             0021 = (C) DEMO COUNT > 1
                             0301 = (C) INVALID HI CLAIM NUMBER
1         NCH_EDIT_TB                                       NCH EDIT TABLE
          -----------                                       --------------

                             0302 = (C) BENE IDEN CDE (BIC) INVAL OR BLK
                             04A1 = (C) PATIENT SURNAME BLANK (PHYS/SUP)
                             04B1 = (C) PATIENT 1ST INITIAL NOT-ALPHABETIC
                             0401 = (C) BILL TYPE/PROVIDER INVALID
                             0402 = (C) BILL TYPE/REV CODE/PROVR RANGE
                             0406 = (C) MAMMOGRAPHY WITH NO HCPCS 76092
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0407 = (C) RESPITE CARE BILL TYPE 34X,NO REV 66
0408 = (C) REV CODE 403 /TYPE 71X/ PROV3800-974
0410 = (C) IMMUNO DRUG OCCR-36,NO REV-25 OR 636
0412 = (C) BILL TYPE XX5 HAS ACCOM. REV. CODES
0413 = (C) CABG/PCOE BUT TOB = HHA,OUT,HOS
0414 = (C) VALU CD 61,MSA AMOUNT MISSING
0415 = (C) HOME HEALTH INCORRECT ALPHA RIC
05X4 = (C) UPIN REQUIRED FOR TYPE-OF-SERVICE
05X5 = (C) UPIN REQUIRED FOR DME HCPCS
0501 = (C) UNIQUE PHY IDEN. (UPIN) BLANK
0502 = (C) UNIQUE PHY IDEN. (UPIN) INVALID
0601 = (C) GENDER INVALID
0701 = (C) CONTRACTOR INVALID CARRIER/ETC
0702 = (C) PROVIDER NUMBER INCONSISTANT
0703 = (C) MAMMOGRAPHY FOR NOT FEMALE
0704 = (C) INVALID CONT FOR CABG DEMO
0705 = (C) INVALID CONT FOR PCOE DEMO
0901 = (C) INVALID DISP CODE OF 02
0902 = (C) INVALID DISP CODE OF SPACES
0903 = (C) INVALID DISP CODE
1001 = (C) PROF REVIEW/ACT CODE/BILL TYPE
13X2 = (C) MULTIPLE ITEMS FOR SAME SERVICE
1301 = (C) LINE COUNT NOT NUMERIC OR > 13
1302 = (C) RECORD LENGTH INVALID
1401 = (C) INVALID MEDICARE STATUS CODE
1501 = (C) ADMIT DATE/ENTRY CODE INVALID
1502 = (C) ADMIT DATE > STAY FROM DATE
1503 = (C) ADMIT DATE INVALID WITH THRU DATE
1504 = (C) ADM/FROM/THRU DATE > TODAYS DATE
1505 = (C) HCPCS W SERVICE DATES > 09-30-94
1601 = (C) INVESTIGATION IND INVALID
1701 = (C) SPLIT IND INVALID
1801 = (C) PAY-DENY CODE INVALID
1802 = (C) HEADER AMT AND NOT DENIED CLAIM
1803 = (C) MSP COST AVD/ALL MSP LI NOT SAME
1901 = (C) AB CROSSOVER IND INVALID
2001 = (C) HOSPICE OVERRIDE INVALID
2101 = (C) HMO-OVERRIDE/PATIENT-STAT INVALID
2102 = (C) FROM/THRU DATE OR KRON/PAT STAT
2201 = (C) FROM/THRU DATE OR HCPCS YR INVAL
2202 = (C) STAY-FROM DATE > THRU-DATE
2203 = (C) THRU DATE INVALID
2204 = (C) FROM DATE BEFORE EFFECTIVE DATE
2205 = (C) DATE YEARS DIFFERENT ON OUTPAT
```

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                                  2207 = (C) MAMMOGRAPHY BEFORE 1991
                                  2301 = (C) DOCUMENT CNTL OR UTIL DYS INVALID
                                  2302 = (C) COVERED DAYS INVALID OR INCONSIST
                                  2303 = (C) COST REPORT DAYS > ACCOMIDATION
                                  2304 = (C) UTIL DAYS = ZERO ON PATIENT BILL
                                  2305 = (C) UTIL DAYS = INCONSISTENCIES
                                  2306 = (C) UTIL DYS/NOPAY/REIMB INCONSISTENT
                                  2307 = (C) COND=40,UTL DYS >0/VAL CDE A1,08,09
1          NCH_EDIT_TB                                  NCH EDIT TABLE
           -----------                                  --------------

                                  2308 = (C) NOPAY = R WHEN UTIL DAYS = ZERO
                                  2401 = (C) NON-UTIL DAYS INVALID
                                  2501 = (C) CLAIM RCV DT OR COINSURANCE INVAL
                                  2502 = (C) COIN+LR>UTIL DAYS/RCPT DTE>CUR DTE
                                  2503 = (C) COIN/TR TYP/UTIL DYS/RCPT DTE>PD/DEN
                                  2504 = (C) COINSURANCE AMOUNT EXCESSIVE
                                  2505 = (C) COINSURANCE RATE > ALLOWED AMOUNT
                                  2506 = (C) COINSURANCE DAYS/AMOUNT INCONSIST
                                  2507 = (C) COIN+LR DAYS > TOTAL DAYS FOR YR
                                  2508 = (C) COINSURANCE DAYS INVALID FOR TRAN
                                  2601 = (C) CLAIM PAID DT INVALID OR LIFE RES
                                  2602 = (C) LR-DYS, NO VAL 08,10/PD/DEN>CUR+27
                                  2603 = (C) LIFE RESERVE > RATE FOR CAL YEAR
                                  2604 = (C) PPS BILL, NO DAY OUTLIER
                                  2605 = (C) LIFE RESERVE RATE > DAILY RATE AVR.
                                  28XA = (C) UTIL DAYS > FROM TO BENEF EXH
                                  28XB = (C) BENEFITS EXH DATE > FROM DATE
                                  28XC = (C) BENEFITS EXH DATE/INVALID TRANS TYPE
                                  28XD = (C) OCCUR 23 WITH SPAN 70 ON INPAT HOSP
                                  28XE = (C) MULTI BENE EXH DATE (OCCR A3,B3,C3)
                                  28XF = (C) ACE DATE ON SNF (NOPAY =B, C, N, W)
                                  28XG = (C) SPAN CD 70+4+6+9 NOT = NONUTIL DAYS
                                  28XM = (C) OCC CD 42 DATE NOT = SRVCE THRU DTE
                                  28XN = (C) INVALID OCC CODE
                                  28X0 = (C) BENE EXH DATE OUTSIDE SERVICE DATES
                                  28X1 = (C) OCCUR DATE INVALID
                                  28X2 = (C) OCCUR = 20 AND TRANS = 4
                                  28X3 = (C) OCCUR 20 DATE < ADMIT DATE
                                  28X4 = (C) OCCUR 20 DATE > ADMIT + 12
                                  28X5 = (C) OCCUR 20 AND ADMIT NOT = FROM
                                  28X6 = (C) OCCUR 20 DATE < BENE EXH DATE
                                  28X7 = (C) OCCUR 20 DATE+UTIL-COIN>COVERAGE
                                  28X8 = (C) OCCUR 22 DATE < FROM OR > THRU
```

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                          28X9 = (C) UTIL > FROM - THRU LESS NCOV
                          33X1 = (C) QUAL STAY DATES INVALID (SPAN=70)
                          33X2 = (C) QS FROM DATE NOT < THRU (SPAN=70)
                          33X3 = (C) QS DAYS/ADMISSION ARE INVALID
                          33X4 = (C) QS THRU DATE > ADMIT DATE (SPAN=70)
                          33X5 = (C) SPAN 70 INVALID FOR DATE OF SERVICE
                          33X6 = (C) TOB=18/21/28/51,COND=WO,HMO<>90091
                          33X7 = (C) TOB<>18/21/28/51,COND=WO
                          33X8 = (C) TOB=18/21/28/51,CO=WO,ADM DT<97001
                          33X9 = (C) TOB=32X SPAN 70 OR OCCR BO PRESENT
                          34X2 = (C) DEMO ID = 04 AND COND WO NOT SHOWN
                          3401 = (C) DEMO ID = 04 AND RIC NOT = 1
                          35X1 = (C) 60, 61, 66 & NON-PPS / 65 & PPS
                          35X2 = (C) COND = 60 OR 61 AND NO VALU 17
                          35X3 = (C) PRO APPROVAL COND C3,C7 REQ SPAN M0
                          36X1 = (C) SURG DATE < STAY FROM/ > STAY THRU
                          3701 = (C) ASSIGN CODE INVALID
                          3705 = (C) 1ST CHAR OF IDE# IS NOT ALPHA
                          3706 = (C) INVALID IDE NUMBER-NOT IN FILE
                          3710 = (C) NUM OF IDE# > REV 0624
                          3715 = (C) NUM OF IDE# < REV 0624
                          3720 = (C) IDE AND LINE ITEM NUMBER > 2
                          3801 = (C) AMT BENE PD INVALID
                          4001 = (C) BLOOD PINTS FURNISHED INVALID
                          4002 = (C) BLOOD FURNISHED/REPLACED INVALID
 1          NCH_EDIT_TB                              NCH EDIT TABLE
            -----------                              --------------

                          4003 = (C) BLOOD FURNISHED/VERIFIED/DEDUCT
                          4201 = (C) BLOOD PINTS UNREPLACED INVALID
                          4202 = (C) BLOOD PINTS UNREPLACED/BLOOD DED
                          4203 = (C) INVALID CPO PROVIDER NUMBER
                          4301 = (C) BLOOD DEDUCTABLE INVALID
                          4302 = (C) BLOOD DEDUCT/FURNISHED PINTS
                          4303 = (C) BLOOD DEDUCT > UNREPLACED BLOOD
                          4304 = (C) BLOOD DEDUCT > 3 - REPLACED
                          4501 = (C) PRIMARY DIAGNOSIS INVALID
                          46XA = (C) MSP VET AND VET AT MEDICARE
                          46XB = (C) MULTIPLE COIN VALU CODES (A2,B2,C2)
                          46XC = (C) COIN VALUE (A2,B2,C2) ON INP/SNF
                          46XG = (C) VALU CODE 20 INVALID
                          46XN = (C) VALUE CODE 37,38,39 INVALID
                          46XO = (C) VALUE CDE 38>0/VAL CDE 06 MISSNG
                          46XP = (C) BLD UNREP VS REV CDS AND/OR UNITS
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46XQ = (C) VALUE CDE 37=39 AND 38 IS PRESENT
46XR = (C) BLD FIELDS VS REV CDE 380,381,382
46XS = (C) VALU CODE 39, AND 37 IS NOT PRESENT
46XT = (C) CABG/PCOE,VC<>Y1,Y2,Y3,Y4,VA NOT>0
46X1 = (C) VALUE AMOUNT INVALID
46X2 = (C) VALU 06 AND BLD-DED-PTS IS ZERO
46X3 = (C) VALU 06 AND TTL-CHGS=NC-CHGS(001)
46X4 = (C) VALU (A1,B1,C1): AMT > DEDUCT
46X5 = (C) DEDUCT VALUE (A1,B1,C1) ON SNF BILL
46X6 = (C) VALU 17 AND NO COND CODE 60 OR 61
46X7 = (C) OUTLIER(VAL 17) > REIMB + VAL6-16
46X8 = (C) MULTI CASH DED VALU CODES (A1,B1,C1)
46X9 = (C) DEMO ID=03,REQUIRED HCPCS NOT SHOWN
4600 = (C) CAPITAL TOTAL NOT = CAP VALUES
4601 = (C) CABG/PCOE, MSP CODE PRESENT
4603 = (C) DEMO ID = 03 AND RIC NOT=6,7
4901 = (C) PCOE/CABG,DEN CD NOT D
4902 = (C) PCOE/CABG BUT DME
50X1 = (C) RVCD=54,TOB<>13,23,32,33,34,83,85
50X2 = (C) REV CD=054X,MOD NOT = QM,QN
5051 = (E) EDB: NOMATCH ON 3 CHARACTERISTICS
5052 = (E) EDB: NOMATCH ON MASTER-ID RECORD
5053 = (E) EDB: NOMATCH ON CLAIM-NUMBER
51XA = (C) HCPCS EYEWARE & REV CODE NOT 274
51XC = (C) HCPCS REQUIRES DIAG CODE OF CANCER
51XD = (C) HCPCS REQUIRES UNITS > ZERO
51XE = (C) HCPCS REQUIRES REVENUE CODE 636
51XF = (C) INV BILL TYP/ANTI-CAN DRUG HCPCS
51XG = (C) HCPCS REQUIRES DIAG OF HEMOPHILL1A
51XH = (C) TOB 21X/P82=2/3/4;REV CD<9001,>9044
51XI = (C) TOB 21X/P82<>2/3/4:REV CD>8999<9045
51XJ = (C) TOB 21X/REV CD: SVC-FROM DT INVALID
51XK = (C) TOB 21X/P82=2/3/4,REV CD = NNX
51XL = (C) REV 0762/UNT>48,TOB NOT=12,13,85,83
51XM = (C) 21X,RC>9041/<9045,RC<>4/234
51XN = (C) 21X,RC>9032/<9042,RC<>4/234
51XP = (C) HHA RC DATE OF SRVC MISSING
51XQ = (C) NO RC 0636 OR DTE INVALID
51XR = (C) DEMO ID=01,RIC NOT=2
51XS = (C) DEMO ID=01,RUGS<>2,3,4 OR BILL<>21
51X0 = (C) REV CENTER CODE INVALID
51X1 = (C) REV CODE CHECK
```

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1        NCH_EDIT_TB                              NCH EDIT TABLE
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```
51X2 = (C) REV CODE INCOMPATIBLE BILL TYPE
51X3 = (C) UNITS MUST BE > 0
51X4 = (C) INP:CHGS/YR-RATE,ETC; OUTP:PSYCH>YR
51X5 = (C) REVENUE NON-COVERED > TOTAL CHRGE
51X6 = (C) REV TOTAL CHARGES EQUAL ZERO
51X7 = (C) REV CDE 403 WTH NO BILL 14 23 71 85
51X8 = (C) MAMMOGRAPHY SUBMISSION INVALID
51X9 = (C) HCPCS/REV CODE/BILL TYPE
5100 = (U) TRANSITION SPELL / SNF
5160 = (U) LATE CHG HSP BILL STAY DAYS > 0
5166 = (U) PROVIDER NE TO 1ST WORK PRVDR
5167 = (U) PROVIDER 1 NE 2: FROM DT < START DT
5169 = (U) PROVIDER NE TO WORK PROVIDER
5177 = (U) PROVIDER NE TO WORK PROVIDER
5178 = (U) HOSPICE BILL THRU < DOLBA
5181 = (U) HOSP BILL OCCR 27 DISCREPANCY
5200 = (E) ENTITLEMENT EFFECTIVE DATE
5201 = (U) HOSP DATE DIFFERENCE NE 60 OR 90
5202 = (E) ENTITLEMENT HOSPICE EFFECTIVE DATE
5202 = (U) HOSPICE TRAILER ERROR
5203 = (E) ENTITLEMENT HOSPICE PERIODS
5203 = (U) HOSPICE START DATE ERROR
5204 = (U) HOSPICE DATE DIFFERENCE NE 90
5205 = (U) HOSPICE DATE DISCREPANCY
5206 = (U) HOSPICE DATE DISCREPANCY
5207 = (U) HOSPICE THRU > TERM DATE 2ND
5208 = (U) HOSPICE PERIOD NUMBER BLANK
5209 = (U) HOSPICE DATE DISCREPANCY
5210 = (E) ENTITLEMENT FRM/TRU/END DATES
5211 = (E) ENTITLEMENT DATE DEATH/THRU
5212 = (E) ENTITLEMENT DATE DEATH/THRU
5213 = (E) ENTITLEMENT DATE DEATH MBR
5220 = (E) ENTITLEMENT FROM/EFF DATES
5225 = (E) ENT INP PPS SPAN 70 DATES
5232 = (E) ENTL HMO NO HMO OVERRIDE CDE
5233 = (E) ENTITLEMENT HMO PERIODS
5234 = (E) ENTITLEMENT HMO NUMBER NEEDED
5235 = (E) ENTITLEMENT HMO HOSP+NO CC07
5236 = (E) ENTITLEMENT HMO HOSP + CC07
5237 = (E) ENTITLEMENT HOSP OVERLAP
5238 = (U) HOSPICE CLAIM OVERLAP > 90
5239 = (U) HOSPICE CLAIM OVERLAP > 60
524Z = (E) HOSP OVERLAP NO OVD NO DEMO
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                                    5240 = (U) HOSPICE DAYS STAY+USED > 90
                                    5241 = (U) HOSPICE DAYS STAY+USED > 60
                                    5242 = (C) INVALID CARRIER FOR RRB
                                    5243 = (C) HMO=90091,INVALID SERVICE DTE
                                    5244 = (E) DEMO CABG/PCOE MISSING ENTL
                                    5245 = (C) INVALID CARRIER FOR NON RRB
                                    525Z = (E) HMO/HOSP 6/7 NO OVD NO DEMO
                                    5250 = (U) HOSPICE DOEBA/DOLBA
                                    5255 = (U) HOSPICE DAYS USED
                                    5256 = (U) HOSPICE DAYS USED > 999
                                    526Y = (E) HMO/HOSP DEMO 5/15 REIMB > 0
                                    526Z = (E) HMO/HOSP DEMO 5/15 REIMB = 0
                                    527Y = (E) HMO/HOSP DEMO OVD=1 REIMB > 0
                                    527Z = (E) HMO/HOSP DEMO OVD=1 REIMB = 0
                                    5299 = (U) HOSPICE PERIOD NUMBER ERROR
1          NCH_EDIT_TB                                        NCH EDIT TABLE
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                                    5320 = (U) BILL > DOEBA AND IND-1 = 2
                                    5350 = (U) HOSPICE DOEBA/DOLBA SECONDARY
                                    5355 = (U) HOSPICE DAYS USED SECONDARY
                                    5378 = (C) SERVICE DATE < AGE 50
                                    5399 = (U) HOSPICE PERIOD NUM MATCH
                                    5410 = (U) INPAT DEDUCTABLE
                                    5425 = (U) PART B DEDUCTABLE CHECK
                                    5430 = (U) PART B DEDUCTABLE CHECK
                                    5450 = (U) PART B COMPARE MED EXPENSE
                                    5460 = (U) PART B COMPARE MED EXPENSE
                                    5499 = (U) MED EXPENSE TRAILER MISSING
                                    5500 = (U) FULL DAYS/SNF-HOSP FULL DAYS
                                    5510 = (U) COIN DAYS/SNF COIN DAYS
                                    5515 = (U) FULL DAYS/COIN DAYS
                                    5516 = (U) SNF FULL DAYS/SNF COIN DAYS
                                    5520 = (U) LIFE RESERVE DAYS
                                    5530 = (U) UTIL DAYS/LIFE PSYCH DAYS
                                    5540 = (U) HH VISITS NE AFT PT B TRLR
                                    5550 = (E) SNF LESS THAN PT A EFF DATE
                                    5600 = (D) LOGICAL DUPE, COVERED
                                    5601 = (D) LOGICAL DUPE, QRY-CDE, RIC 123
                                    5602 = (D) LOGICAL DUPE, PANDE C, E OR I
                                    5603 = (D) LOGICAL DUPE, COVERED
                                    5605 = (D) POSS DUPE, OUTPAT REIMB
                                    5606 = (D) POSS DUPE, HOME HEALTH COVERED U
                                    5623 = (U) NON-PAY CODE IS P
```

```
                              57X1 = (C) PROVIDER SPECIALITY CODE INVALID
                              57X2 = (C) PHYS THERAPY/PROVIDER SPEC INVAL
                              57X3 = (C) PLACE/TYPE/SPECIALTY/REIMB IND
                              57X4 = (C) SPECIALTY CODE VS. HCPCS INVALID
                              5700 = (U) LINKED TO THREE SPELLS
                              5701 = (C) DEMO ID=02,RIC NOT = 5
                              5702 = (C) DEMO ID=02,INVALID PROVIDER NUM
                              58X1 = (C) PROVIDER TYPE INVALID
                              58X9 = (C) TYPE OF SERVICE INVALID
                              5802 = (C) REIMB > $150,000
                              5803 = (C) UNITS/VISITS > 150
                              5804 = (C) UNITS/VISITS > 99
                              59XA = (C) PROST ORTH HCPCS/FROM DATE
                              59XB = (C) HCPCS/FROM DATE/TYPE P OR I
                              59XC = (C) HCPCS Q0036,37,42,43,46/FROM DATE
                              59XD = (C) HCPCS Q0038-41/FROM DATE/TYPE
                              59XE = (C) HCPCS/MAMMOGRAPHY-RISK/ DIAGNOSIS
                              59XG = (C) CAPPED/FREQ-MAINT/PROST HCPCS
                              59XH = (C) HCPCS E0620/TYPE/DATE
                              59XI = (C) HCPCS E0627-9/ DATE < 1991
                              59XL = (C) HCPCS 00104 - TOS/POS
                              59X1 = (C) INVALID HCPCS/TOS COMBINATION
                              59X2 = (C) ASC IND/TYPE OF SERVICE INVALID
                              59X3 = (C) TOS INVALID TO MODIFIER
                              59X4 = (C) KIDNEY DONOR/TYPE/PLACE/REIMB
                              59X5 = (C) MAMMOGRAPHY FOR MALE
                              59X6 = (C) DRUG AND NON DRUG BILL LINE ITEMS
                              59X7 = (C) CAPPED-HCPCS/FROM DATE
                              59X8 = (C) FREQUENTLY MAINTAINED HCPCS
                              59X9 = (C) HCPCS E1220/FROM DATE/TYPE IS R
                              5901 = (U) ERROR CODE OF Q
                              60X1 = (C) ASSIGN IND INVALID
  1         NCH_EDIT_TB                               NCH EDIT TABLE
            -----------                               --------------

                              6000 = (U) ADJUSTMENT BILL SPELL DATA
                              6020 = (U) CURRENT SPELL DOEBA < 1990
                              6030 = (U) ADJUSTMENT BILL SPELL DATA
                              6035 = (U) ADJUSTMENT BILL THRU DTE/DOLBA
                              61X1 = (C) PAY PROCESS IND INVALID
                              61X2 = (C) DENIED CLAIM/NO DENIED LINE
                              61X3 = (C) PAY PROCESS IND/ALLOWED CHARGES
                              61X4 = (C) RATE MISSING OR NON-NUMERIC
                              6100 = (C) REV 0001 NOT PRESENT ON CLAIM
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6101 = (C) REV COMPUTED CHARGES NOT=TOTAL
6102 = (C) REV COMPUTED NON-COVERED/NON-COV
6103 = (C) REV TOTAL CHARGES < PRIMARY PAYER
62XA = (C) PSYC OT PT/REIM/TYPE
62X1 = (C) DME/DATE/100% OR INVAL REIMB IND
62X6 = (C) RAD PATH/PLACE/TYPE/DATE/DED
62X8 = (C) KIDNEY DONO/TYPE/100%
62X9 = (C) PNEUM VACCINE/TYPE/100%
6201 = (C) TOTAL DEDUCT > CHARGES/NON-COV
6203 = (U) HOSPICE ADJUSTMENT PERIOD/DATE
6204 = (U) HOSPICE ADJUSTMENT THRU>DOLBA
6260 = (U) HOSPICE ADJUSTMENT STAY DAYS
6261 = (U) HOSPICE ADJUSTMENT DAYS USED
6265 = (U) HOSPICE ADJUSTMENT DAYS USED
6269 = (U) HOSPICE ADJUSTMENT PERIOD# (MAIN)
63X1 = (C) DEDUCT IND INVALID
63X2 = (C) DED/HCFA COINS IN PCOE/CABG
6365 = (U) HOSPICE ADJUSTMENT SECONDARY DAYS
6369 = (U) HOSPICE ADJUSTMENT PERIOD# (SECOND)
64X1 = (C) PROVIDER IND INVALID
6430 = (U) PART B DEDUCTABLE CHECK
65X1 = (C) PAYSCREEN IND INVALID
66?? = (D) POSS DUPE, CR/DB, DOC-ID
66XX = (D) POSS DUPE, CR/DB, DOC-ID
66X1 = (C) UNITS AMOUNT INVALID
66X2 = (C) UNITS IND > 0; AMT NOT VALID
66X3 = (C) UNITS IND = 0; AMT > 0
66X4 = (C) MT INDICATOR/AMOUNT
6600 = (U) ADJUSTMENT BILL FULL DAYS
6610 = (U) ADJUSTMENT BILL COIN DAYS
6620 = (U) ADJUSTMENT BILL LIFE RESERVE
6630 = (U) ADJUSTMENT BILL LIFE PSYCH DYS
67X1 = (C) UNITS INDICATOR INVALID
67X2 = (C) CHG ALLOWED > 0; UNITS IND = 0
67X3 = (C) TOS/HCPCS=ANEST, MTU IND NOT = 2
67X4 = (C) HCPCS = AMBULANCE, MTU IND NOT = 1
67X6 = (C) INVALID PROC FOR MT IND 2, ANEST
67X7 = (C) INVALID UNITS IND WITH TOS OF BLOOD
67X8 = (C) INVALID PROC FOR MT IND 4, OXYGEN
6700 = (U) ADJUSTMENT BILL FULL/SNF DAYS
6710 = (U) ADJUSTMENT BILL COIN/SNF DAYS
68X1 = (C) INVALID HCPCS CODE
68X2 = (C) MAMMOGRAPY/DATE/PROC NOT 76092
68X3 = (C) TYPE OF SERVICE = G /PROC CODE
```

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                                68X4 = (C) HCPCS NOT VALID FOR SERVICE DATE
                                68X5 = (C) MODIFIER NOT VALID FOR HCPCS, ETC
                                68X6 = (C) TYPE SERVICE INVALID FOR HCPCS, ETC
                                68X7 = (C) ZX MOD REQ FOR THER SHOES/INS/MOD.
                                68X8 = (C) LINE ITEM INCORRECT OR DATE INVAL.
    1          NCH_EDIT_TB                            NCH EDIT TABLE
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                                69XA = (C) MODIFIER NOT VALID FOR HCPCS/GLOBAL
                                69X3 = (C) PROC CODE MOD = LL / TYPE = R
                                69X6 = (C) PROC CODE MOD/NOT CAPPED
                                69X8 = (C) SPEC CODE NURSE PRACT, MOD INVAL
                                6901 = (C) KRON IND AND UTIL DYS EQUALS ZERO
                                6902 = (C) KRON IND AND NO-PAY CODE B OR N
                                6903 = (C) KRON IND AND INPATIENT DEDUCT = 0
                                6904 = (C) KRON IND AND TRANS CODE IS 4
                                6910 = (C) REV CODES ON HOME HEALTH
                                6911 = (C) REV CODE 274 ON OUTPAT AND HH ONLY
                                6912 = (C) REV CODE INVAL FOR PROSTH AND ORTHO
                                6913 = (C) REV CODE INVAL FOR OXYGEN
                                6914 = (C) REV CODE INVAL FOR DME
                                6915 = (C) PURCHASE OF RENT DME INVAL ON DATES
                                6916 = (C) PURCHASE OF RENT DME INVAL ON DATES
                                6917 = (C) PURCHASE OF LIFT CHAIR INVAL > 91000
                                6918 = (C) HCPCS INVALID ON DATE RANGES
                                6919 = (C) DME OXYGEN ON HH INVAL BEFORE 7/1/89
                                6920 = (C) HCPCS INVAL ON REV 270/BILL 32-33
                                6921 = (C) HCPCS ON REV CODE 272 BILL TYPE 83X
                                6922 = (C) HCPCS ON BILL TYPE 83X -NOT REV 274
                                6923 = (C) RENTAL OF DME CUSTOMIZE AND REV 291
                                6924 = (C) INVAL MODIFIER FOR CAPPED RENTAL
                                6925 = (C) HCPCS ALLOWED ON BILL TYPES 32X-34X
                                6929 = (U) ADJUSTMENT BILL LIFE RESERVE
                                6930 = (U) ADJUSTMENT BILL LIFE PSYCH DYS
                                7000 = (U) INVALID DOEBA/DOLBA
                                7002 = (U) LESS THAN 60/61 BETWEEN SPELLS
                                7010 = (E) TOB 85X/ELECTN PRD: COND CD 07 REQD
                                71X1 = (C) SUBMITTED CHARGES INVALID
                                71X2 = (C) MAMMOGRPY/PROC CODE MOD TC,26/CHG
                                72X1 = (C) ALLOWED CHGS INVALID
                                72X2 = (C) ALLOWED/SUBMITTED CHARGES/TYPE
                                72X3 = (C) DENIED LINE/ALLOWED CHARGES
                                73X1 = (C) SS NUMBER INVALID
                                73X2 = (C) CARRIER ASSIGNED PROV NUM MISSING
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                        74X1 = (C) LOCALITY CODE INVAL FOR CONTRACT
                        76X1 = (C) PL OF SER INVAL ON MAMMOGRAPHY BILL
                        77X1 = (C) PLACE OF SERVICE INVALID
                        77X2 = (C) PHYS THERAPY/PLACE
                        77X3 = (C) PHYS THERAPY/SPECIALTY/TYPE
                        77X4 = (C) ASC/TYPE/PLACE/REIMB IND/DED IND
                        77X6 = (C) TOS=F, PL OF SER NOT = 24
                        7701 = (C) INCORRECT MODIFIER
                        7777 = (D) POSS DUPE, PART B DOC-ID
                        78XA = (C) MAMMOGRAPHY BEFORE 1991
                        78X1 = (C) THRU DATE INVALID
                        78X3 = (C) FROM DATE GREATER THAN THRU DATE
                        78X4 = (C) FROM DATE > RCVD DATE/PAY-DENY
                        78X5 = (C) FROM DATE > PAID DATE/TYPE/100%
                        78X7 = (C) LAB EDIT/TYPE/100%/FROM DATE
                        79X3 = (C) THRU DATE>RECD DATE/NOT DENIED
                        79X4 = (C) THRU DATE>PAID DATE/NOT DENIED
                        8000 = (U) MAIN & 2NDARY DOEBA < 01/01/90
                        8028 = (E) NO ENTITLEMENT
                        8029 = (U) HH BEFORE PERIOD NOT PRESENT
                        8030 = (U) HH BILL VISITS > PT A REMAINING
                        8031 = (U) HH PT A REMAINING > 0
1         NCH_EDIT_TB                                 NCH EDIT TABLE
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                        8032 = (U) HH DOLBA+59 NOT GT FROM-DATE
                        8050 = (U) HH QUALIFYING INDICATOR = 1
                        8051 = (U) HH # VISITS NE AFT PT B APPLIED
                        8052 = (U) HH # VISITS NE AFT TRAILER
                        8053 = (U) HH BENEFIT PERIOD NOT PRESENT
                        8054 = (U) HH DOEBA/DOLBA NOT > 0
                        8060 = (U) HH QUALIFYING INDICATOR NE 1
                        8061 = (U) HH DATE NE DOLBA IN AFT TRLR
                        8062 = (U) HH NE PT-A VISITS REMAINING
                        81X1 = (C) NUM OF SERVICES INVALID
                        83X1 = (C) DIAGNOSIS INVALID
                        8301 = (C) HCPCS/GENDER DIAGNOSIS
                        8302 = (C) HCPCS G0101 V-CODE/SEX CODE
                        8304 = (C) BILL TYPE INVALID FOR G0123/4
                        84X1 = (C) PAP SMEAR/DIAGNOSIS/GENDER/PROC
                        84X2 = (C) INVALID DME START DATE
                        84X3 = (C) INVALID DME START DATE W/HCPCS
                        84X4 = (C) HCPCS G0101 V-CODE/SEX CODE
                        84X5 = (C) HCPCS CODE WITH INV DIAG CODE
```

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                              86X8 = (C) CLIA REQUIRES NON-WAIVER HCPCS
                              88XX = (D) POSS DUPE, DOC-ID,UNITS,ENT,ALWD
                              9000 = (U) DOEBA/DOLBA CALC
                              9005 = (U) FULL/COINS HOSP DAYS CALC
                              9010 = (U) FULL/COINS SNF DAYS CALC
                              9015 = (U) LIFE RESERVE DAYS CALC
                              9020 = (U) LIFE PSYCH DAYS CALC
                              9030 = (U) INPAT DEDUCTABLE CALC
                              9040 = (U) DATA INDICATOR 1 SET
                              9050 = (U) DATA INDICATOR 2 SET
                              91X1 = (C) PATIENT REIMB/PAY-DENY CODE
                              92X1 = (C) PATIENT REIMB INVALID
                              92X2 = (C) PROVIDER REIMB INVALID
                              92X3 = (C) LINE DENIED/PATIENT-PROV REIMB
                              92X4 = (C) MSP CODE/AMT/DATE/ALLOWED CHARGES
                              92X5 = (C) CHARGES/REIMB AMT NOT CONSISTANT
                              92X7 = (C) REIMB/PAY-DENY INCONSISTANT
                              9201 = (C) UPIN REF NAME OR INITIAL MISSING
                              9202 = (C) UPIN REF FIRST 3 CHAR INVALID
                              9203 = (C) UPIN REF LAST 3 CHAR NOT NUMERIC
                              93X1 = (C) CASH DEDUCTABLE INVALID
                              93X2 = (C) DEDUCT INDICATOR/CASH DEDUCTIBLE
                              93X3 = (C) DENIED LINE/CASH DEDUCTIBLE
                              93X4 = (C) FROM DATE/CASH DEDUCTIBLE
                              93X5 = (C) TYPE/CASH DEDUCTIBLE/ALLOWED CHGS
                              9300 = (C) UPIN OTHER, NOT PRESENT
                              9301 = (C) UPIN NME MIS/DED TOT LI>0 FR DEN CLM
                              9302 = (C) UPIN OPERATING, FIRST 3 NOT NUMERIC
                              9303 = (C) UPIN L 3 CH NT NUM/DED TOT LI>YR DED
                              94A1 = (C) NON-COVERED FROM DATE INVALID
                              94A2 = (C) NON-COVERED FROM > THRU DATE
                              94A3 = (C) NON-COVERED THRU DATE INVALID
                              94A4 = (C) NON-COVERED THRU DATE > ADMIT
                              94A5 = (C) NON-COVERED THRU DATE/ADMIT DATE
                              94C1 = (C) PR-PSYCH DAYS INVALID
                              94C3 = (C) PR-PSYCH DAYS > PROVIDER LIMIT
                              94F1 = (C) REIMBURSEMENT AMOUNT INVALID
                              94F2 = (C) REIMBURSE AMT NOT 0 FOR HMO PAID
                              94G1 = (C) NO-PAY CODE INVALID
  1        NCH_EDIT_TB                                 NCH EDIT TABLE
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                              94G2 = (C) NO-PAY CODE SPACE/NON-COVERD=TOTL
                              94G3 = (C) NO-PAY/PROVIDER INCONSISTANT
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94G4 = (C) NO PAY CODE = R & REIMB PRESENT
94X1 = (C) BLOOD LIMIT INVALID
94X2 = (C) TYPE/BLOOD DEDUCTIBLE
94X3 = (C) TYPE/DATE/LIMIT AMOUNT
94X4 = (C) BLOOD DED/TYPE/NUMBER OF SERVICES
94X5 = (C) BLOOD/MSP CODE/COMPUTED LINE MAX
9401 = (C) BLOOD DEDUCTIBLE AMT > 3
9402 = (C) BLOOD FURNISHED > DEDUCTIBLE
9403 = (C) DATE OF BIRTH MISSING ON PRO-PAY
9404 = (C) INVALID GENDER CODE ON PRO-PAY
9407 = (C) INVALID DRG NUMBER
9408 = (C) INVALID DRG NUMBER (GLOBAL)
9409 = (C) HCFA DRG<>DRG ON BILL
9410 = (C) CABG/PCOE,INVALID DRG
95X1 = (C) MSP CODE G/DATE BEFORE 1/1/87
95X2 = (C) MSP AMOUNT APPLIED INVALID
95X3 = (C) MSP AMOUNT APPLIED > SUB CHARGES
95X4 = (C) MSP PRIMARY PAY/AMOUNT/CODE/DATE
95X5 = (C) MSP CODE = G/DATE BEFORE 1987
95X6 = (C) MSP CODE = X AND NOT AVOIDED
95X7 = (C) MSP CODE VALID, CABG/PCOE
96X1 = (C) OTHER AMOUNTS INVALID
96X2 = (C) OTHER AMOUNTS > PAT-PROV REIMB
97X1 = (C) OTHER AMOUNTS INDICATOR INVALID
97X2 = (C) GRUDMAN SW/GRUDMAN AMT NOT > 0
98X1 = (C) COINSURANCE INVALID
98X3 = (C) MSP CODE/TYPE/COIN AMT/ALLOW/CSH
98X4 = (C) DATE/MSP/TYPE/CASH DED/ALLOW/COI
98X5 = (C) DATE/ALLOW/CASH DED/REIMB/MSP/TYP
99XX = (D) POSS DUPE, PART B DOC-ID
9901 = (C) REV CODE INVALID OR TRAILER CNT=0
9902 = (C) ACCOMMODATION DAYS/FROM/THRU DATE
9903 = (C) NO CLINIC VISITS FOR RHC
9904 = (C) INCOMPATIBLE DATES/CLAIM TYPE
991X = (C) NO DATE OF SERVICE
9910 = (C) EDIT 9910 (NEW)
9911 = (C) BLOOD VERIFIED INVALID
9920 = (C) EDIT 9920 (NEW)
9930 = (C) EDIT 9930 (NEW)
9931 = (C) OUTPAT COINSURANCE VALUES
9933 = (C) RATE EXCEDES MAMMOGRAPHY LIMIT
9940 = (C) EDIT 9940 (NEW)
9942 = (C) EDIT 9942 (NEW)
9944 = (C) STAY FROM>97273,DIAG<>V103,163,7612
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                              9945 = (C) SERVICE DATE < 98001
                              9946 = (C) INVALID DIAGNOSIS CODE
                              9947 = (C) INVALID DIAGNOSIS CODE
                              9948 = (C) STAY FROM>96365,DIAG=V725
                              9960 = (C) MED CHOICE BUT HMO DATA MISSING
                              9965 = (C) HMO PRESENT BUT MED CHOICE MISSING
                              9968 = (C) MED CHOICE NOT= HMO PLAN NUMBER


1     NCH_NEAR_LINE_RIC_TB              NCH NEAR-LINE RECORD IDENTIFICATION CODE TABLE
      --------------------              ----------------------------------------------


                              O = PART B PHYSICIAN/SUPPLIER CLAIM
                                  RECORD (PROCESSED BY LOCAL CARRIERS;
                                  CAN INCLUDE DMEPOS SERVICES)
                              V = PART A INSTITUTIONAL CLAIM RECORD
                                  (INPATIENT (IP), SKILLED NURSING
                                  FACILITY (SNF), CHRISTIAN SCIENCE
                                  (CS), HOME HEALTH AGENCY (HHA), OR
                                  HOSPICE)
                              W = PART B INSTITUTIONAL CLAIM RECORD
                                  (OUTPATIENT (OP), HHA)
                              U = BOTH PART A AND B INSTITUTIONAL HOME
                                  HEALTH AGENCY (HHA) CLAIM RECORDS --
                                  DUE TO HHPPS AND HHA A/B SPLIT.
                                  (EFFECTIVE 10/00)
                              M = PART B DMEPOS CLAIM RECORD (PROCESSED
                                  BY DME REGIONAL CARRIER) (EFFECTIVE 10/93)


1     NCH_PATCH_TB                           NCH PATCH TABLE
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                              01 = RRB CATEGORY EQUATABLE BIC - CHANGED (ALL
                                   CLAIM TYPES) -- APPLIED DURING THE NEARLINE
                                   'G' CONVERSION TO CLAIMS WITH NCH WEEKLY
                                   PROCESS DATE BEFORE 3/91.   PRIOR TO VERSION
                                   'H', PATCH INDICATOR STORED IN REDEFINED CLAIM
                                   EDIT GROUP, 3RD OCCURRENCE, POSITION 2.
                              02 = CLAIM TRANSACTION CODE MADE CONSISTENT WITH
                                   NCH PAYMENT/EDIT RIC CODE (OP AND HHA) --
                                   EFFECTIVE 3/94, CWFMQA BEGAN PATCH.  DURING
                                   'H' CONVERSION, PATCH APPLIED TO CLAIMS WITH
                                   NCH WEEKLY PROCESS DATE PRIOR TO 3/94.  PRIOR
```

TO VERSION 'H', PATCH INDICATOR STORED IN
REDEFINED CLAIM EDIT GROUP, 4TH OCCURRENCE,
POSITION 1.

03 = GARBAGE/NONNUMERIC CLAIM TOTAL CHARGE AMOUNT
SET TO ZEROES (INSTNL) -- DURING THE VERSION
'G' CONVERSION, ERROR OCCURRED IN THE DERIVA-
TION OF THIS FIELD WHERE THE CLAIM WAS MISSING
REVENUE CENTER CODE = '0001'. IN 1994, PATCH
WAS APPLIED TO THE OP AND HHA SAFS ONLY. (THIS
SAF PATCH INDICATOR WAS STORED IN THE REDEFINED
CLAIM EDIT GROUP, 4TH OCCURRENCE, POSITION 2).
DURING THE 'H' OCNVERSION, PATCH APPLIED TO
NEARLINE CLAIMS WHERE GARBAGE OR NONNUMERIC
VALUES.

04 = INCORRECT BENE RESIDENCE SSA STANDARD COUNTY
CODE '999' CHANGED (ALL CLAIM TYPES) --
APPLIED DURING THE NEARLINE 'G' CONVERSION AND
ONGOING THROUGH 4/21/94, CALLING EQSTZIP
ROUTINE TO CLAIMS WITH NCH WEEKLY PROCESS
DATE PRIOR TO 4/22/94. PRIOR TO VERSION 'H'
PATCH INDICATOR STORED IN REDEFINED CLAIM
EDIT GROUP, 3RD OCCURRENCE, POSITION 4.

05 = WRONG CENTURY BENE BIRTH DATE CORRECTED (ALL
CLAIM TYPES) -- APPLIED DURING NEARLINE 'H'
CONVERSION TO ALL HISTORY WHERE CENTURY
GREATER THAN 1700 AND LESS THAN 1850; IF
CENTURY LESS THAN 1700, ZEROES MOVED.

06 = INCONSISTENT CWF BENE MEDICARE STATUS CODE
MADE CONSISTENT WITH AGE (ALL CLAIM TYPES) --
APPLIED DURING NEARLINE 'H' CONVERSION TO ALL
HISTORY AND PATCHED ONGOING. BENE AGE IS
CALCULATED TO DETERMINE THE CORRECT VALUE;
IF GREATER THAN 64, 1ST POSITION MSC ='1';
IF LESS THAN 65, 1ST POSITION MSC = '2'.

07 = MISSING CWF BENE MEDIARE STATUS CODE DERIVED
(ALL CLAIM TYPES) -- APPLIED DURING NEARLINE
'H' CONVERSION TO ALL HISTORY AND PATCHED
ONGOING, EXCEPT CLAIMS WITH UNKNOWN DOB AND/
OR CLAIM FROM DATE='0' (LEFT BLANK). BENE
AGE IS CALCULATED TO DETERMINE MISSING VALUE;
IF GREATER THAN 64, MSC='10'; IF LESS THAN
65, MSC = '20'.

08 = INVALID NCH PRIMARY PAYER CODE SET TO BLANKS
(INSTNL) -- APPLIED DURING VERSION 'H' CON-

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                                        VERSION TO CLAIMS WITH NCH WEEKLY PROCESS
                                        DATE 10/1/93-10/30/95, WHERE MSP VALUES =
1          NCH_PATCH_TB                           NCH PATCH TABLE
           ------------                           ---------------

                                        INVALID '0', '1', '2', '3' OR '4' (CAUSED
                                        BY ERRONEOUS LOGIC IN HCFA PROGRAM CODE,
                                        WHICH WAS CORRECTED ON 11/1/95).
                                   09 = ZERO CWF CLAIM ACCRETION DATE REPLACED WITH
                                        NCH WEEKLY PROCESS DATE (ALL CLAIM TYPES)
                                        -- APPLIED DURING VERSION 'H' CONVERSION TO
                                        INSTNL AND DMERC CLAIMS; APPLIED DURING
                                        VERSION 'G' CONVERSION TO NON-INSTITUTIONAL
                                        (NON-DMERC) CLAIMS.  PRIOR TO VERSION 'H',
                                        PATCH INDICATOR STORED IN REDEFINED CLAIM
                                        EDIT GROUP, 3RD OCCURRENCE, POSITION 1.
                                   10 = MULTIPLE REVENUE CENTER 0001 (OUTPATIENT,
                                        HHA AND HOSPICE) -- PATCH APPLIED TO 1998 &
                                        1999 NEARLINE AND SAFS TO DELETE ANY REVENUE
                                        CODES THAT FOLLOWED THE FIRST '0001' REVENUE
                                        CENTER CODE.   THE EDIT WAS APPLIED ACROSS ALL
                                        INSTITUTIONAL CLAIM TYPES, INCLUDING INPATIENT/
                                        SNF (THE PROBLEM WAS ONLY FOUND WITH OP/HHA/
                                        HOSPICE CLAIMS).  THE PROBLEM WAS CORRECTED
                                        6/25/99.
                                   11 = TRUNCATED CLAIM TOTAL CHARGE AMOUNT IN THE
                                        FIXED PORTION REPLACED WITH THE TOTAL CHARGE
                                        AMOUNT IN THE REVENUE CENTER 0001 AMOUNT FIELD
                                        -- SERVICE YEARS 1998 & 1999 PATCHED DURING
                                        QUARTERLY MERGE.  THE 1998 & 1999 SAFS WERE
                                        CORRECTED WHEN FINALIZED IN 7/99.  THE PATCH
                                        WAS DONE FOR RECORDS WITH NCH DAILY PROCESS
                                        DATE 1/4/99 - 5/14/99.
                                   12 = MISSING CLAIM-LEVEL HHA TOTAL VISIT COUNT --
                                        SERVICE YEARS 1998, 1999 & 2000 PATCH APPLIED
                                        DURING VERSION 'I' CONVERSION OF BOTH THE
                                        NEARLINE AND SAFS.   PROBLEM OCCURS IN THOSE
                                        CLAIMS RECOVERED DURING THE MISSING CLAIMS
                                        EFFORT.
                                   13 = INCONSISTENT CLAIM MCO PAID SWITCH MADE CONSISTENT
                                        WITH CRITERIA USED TO IDENTIFY AN INPATIENT
                                        ENCOUNTER CLAIM -- IF MCO PAID SWITCH EQUAL TO BLANK
                                        OR '0' AND ALL CONDITIONS ARE MET TO INDICATE AN
                                        INPATIENT ENCOUNTER CLAIM (BENE ENROLLED IN A RISK
```

MCO DURING THE SERVICE PERIOD), CHANGE THE SWITCH TO
A '1'. THE PATCH WAS APPLIED DURING THE VERSION 'I'
CONVERSION, FOR CLAIMS BACK TO 7/1/97 SERVICE THRU DATE.

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1     NCH_STATE_SGMT_TB                          NCH STATE SEGMENT TABLE
      -----------------                          -----------------------


                              01 = ALABAMA
                              02 = ALASKA
                              03 = ARIZONA
                              04 = ARKANSAS
                              05 = CALIFORNIA
                              06 = COLORADO
                              07 = CONNECTICUT
                              08 = DELAWARE
                              09 = DISTRICT OF COLUMBIA
                              10 = FLORIDA
                              11 = GEORGIA
                              12 = HAWAII
                              13 = IDAHO
                              14 = ILLINOIS
                              15 = INDIANA
                              16 = IOWA
                              17 = KANSAS
                              18 = KENTUCKY
                              19 = LOUISIANA
                              20 = MAINE
                              21 = MARYLAND
                              22 = MASSACHUSETTS
                              23 = MICHIGAN
                              24 = MINNESOTA
                              25 = MISSISSIPPI
                              26 = MISSOURI
                              27 = MONTANA
                              28 = NEBRASKA
                              29 = NEVADA
                              30 = NEW HAMPSHIRE
                              31 = NEW JERSEY
                              32 = NEW MEXICO
                              33 = NEW YORK
                              34 = NORTH CAROLINA
                              35 = NORTH DAKOTA
                              36 = OHIO
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                                      37 = OKLAHOMA
                                      38 = OREGON
                                      39 = PENNSYLVANIA
                                      40 = PUERTO RICO
                                      41 = RHODE ISLAND
                                      42 = SOUTH CAROLINA
                                      43 = SOUTH DAKOTA
                                      44 = TENNESEE
                                      45 = TEXAS
                                      46 = UTAH
                                      47 = VERMONT
                                      48 = VIRGIN ISLANDS
                                      49 = VIRGINIA
                                      50 = WASHINGTON
                                      51 = WEST VIRGINIA
                                      52 = WISCONSIN
                                      53 = WYOMING
                                      54 = AFRICA
                                      55 = ASIA
                                      56 = CANADA
                                      57 = CENTRAL AMERICA & WEST INDIES
 1       NCH_STATE_SGMT_TB                              NCH STATE SEGMENT TABLE
         -----------------                              -----------------------

                                      58 = EUROPE
                                      59 = MEXICO
                                      60 = OCEANIA
                                      61 = PHILIPPINES
                                      62 = SOUTH AMERICA
                                      63 = US POSSESSIONS
                                      97 = SAIPAN - MP
                                      98 = GUAM
                                      99 = AMERICAN SAMOA
```

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